

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11640

## CERTIFICATE OF DEATH

245

Reg. Dist. No.

## 1. PLACE OF DEATH:

County... Prince George's County

City or town... Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 Years

Hospital, Institution, or street address where death occurred:

5405 35th Avenue

How long in hospital or institution? --

## 3. (a) FULL NAME

DAVID MARSDEN ANDERSON SR.

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MALE

WHITE

WIDOWED

6. (b) Name of husband or wife...

Stella Anderson

6. (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) October 26, 1867

8. AGE: Years Months Days If less than one day

81 0 19 hrs. min.

9. Birthplace... Fayetteville, North Carolina. (Town, county, and state)

10. Usual occupation Manufacturing Representative

11. Industry or business W.F. Hessell, New York City

12. Name... David Anderson

13. Birthplace... North Carolina

14. Maiden name... Mary Wiley

15. Birthplace... North Carolina

16. Informant... Mr. David M. Anderson Jr.

Address 5405 35th Ave., Hyattsville, Md.

17. BURIAL Date thereof Nov. 9, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or place Fort Lincoln Cemetery

Location Prince George's County, Md.

18. Funeral director... W. W. CHAMBERS COMPANY

Address 5801 Cleveland Ave., Riverdale, Md.

Date rec'd by registrar 1948 James Seay  
Signature Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County...

Prince George's

City or town... Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5405 35th Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war... None

## 3. (b) Social Security Number

177-14-6722

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 6, 1948, at 6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7/22 1948 to Nov 6 1948  
and that I last saw him alive on Nov 6 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to...

Due to...

Other conditions

Pneumonia &  
Atherosclerosis

(Include pregnancy within 3 months of death)

Major findings or operations...

Date of op...

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

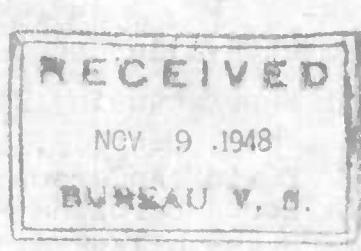
23. SIGNATURE.

AARON DIETZ

M. D. or other

Address 4314 Gallitan Street, Hyattsville, Md.

Date signed 11-6-48.



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11642

## CERTIFICATE OF DEATH

Reg. Dist. No. 239

## 1. PLACE OF DEATH:

County.....

Prince Geo.

City or town.....

(Name of Hospital) Laurel &amp; Warren's Hospital

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

6 days

## 3. (a) FULL NAME

Carrie Baldwin

4. Sex

F

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Thomas W. Baldwin

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Aug. 12, 1866

8. AGE: Years

82

Months

2

Days

19

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER FATHER

12. Name

John M. Vogts

13. Birthplace

Germany

14. Maiden name

Elizabeth Kolbus

15. Birthplace

Germany

16. Informant

Edward J. Vogts

Address

Laurel, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Nov. 3, 1948  
(month) (day) (year)

Cemetery or crematory

Ivy Hill

Location

Laurel, Md.

18. Funeral director

De Witt Donaldson

Address

Laurel, Md.

19. (Date rec'd by registrar)

Nov. 2

1948

M. Brashaw

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County Prince George

City or town.....

Laurel (If outside city or town limits, write RURAL and give nearest town)

Street No. ....

25 Post office Avenue

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

11 1

1948, at 12:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10 27 1948, to 10 31

1948

and that I last saw her alive on 10 31

1948

Immediate cause of death

Stasis Pneumonia

DURATION

1 wk.

Due to Myocardial Failure

1 day

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. J. Garrison

M. D. or other

Address

Laurel, Md.

Date signed Nov. 2, 1948

1948  
66  
82



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

64  
11643  
231

## CERTIFICATE OF DEATH

Reg. Dist. No.

## PLACE OF DEATH:

Prince George

City or town

Laurel

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Robert Ingalls Barker

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

Infant

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

September 6, 1948

8. AGE:

Years

Months

Days

If less than one day

2 14

hrs.

min.

9. Birthplace

Laurel, Pro. Geo. Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

John P. Barker

13. Birthplace

Laurel, Iowa

14. Maiden name

Mayjorie Wheeler

15. Birthplace

Goffstown, New Hampshire

16. Informant

John P. Barker

Address

603 Main St, Laurel, Md.

17. Burial

Date thereof Nov. 22, 1948

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Meadowridge Mem. Park

Location

Dorsey, Maryland

18. Funeral director

St. W. &amp; H. Danaldson

Address

Laurel, Maryland

19. Nov. 21

1948 Mr. Bradburn

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Prince George

City or town

Laurel

(If outside city or town limits, write RURAL and give nearest town)

Street No.

603 Main Street

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 20

1948, at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 6, 1948, to Nov. 20, 1948

and that I last saw him alive on

Immediate cause of death

Stuttering

Symptomatic

DURATION

2 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

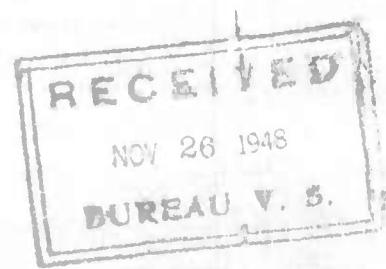
Injured at work?

23. SIGNATURE

J. M. Warren, M.D.

M. D. or other

Laurel Date signed 11/20/48



PLEASE WRITE MAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11644  
230  
230

## CERTIFICATE OF DEATH

Reg. Dist. No. 83a

## 1. PLACE OF DEATH:

Prince Georges Co.

County.

Berwyn

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Ruth Howell Bowie Beck

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Divorced

6.(b) Name of husband or wife

James M Beck

6.(c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

January 8, 1893

8. AGE:

Years

Months

Days

If less than one day

55

hrs.

min.

9. Birthplace

Washington

(Town, county, and state)

D.C.

10. Usual occupation

Retired clerk

11. Industry or business

George S Howell

12. Name

Washington D.C.

13. Birthplace

Martha Jane Howell

14. Maiden name

Washington D.C.

15. Birthplace

George F. Beck

16. Informant

3942-C Street S.E.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Dec. 1, 1948  
(month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery

Location Suitland, Maryland

18. Funeral director Wm J. Nalley

Address 3200-R.1 Ave. Mt. Rainier, Md.

19. (Date rec'd by registrar)

19. (Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Pr. Georges

City or town Berwyn

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5016-Quebec Street

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 28 1948 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1

1944 to Nov 28 1948

and that I last saw her alive on Nov 28

1948

Immediate cause of death

Cerebral hemorrhage

DURATION

4 hours

Due to Hypertension and arteriosclerosis

4 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Robert B Bacon M.D.  
Suite 107 Burlington Hotel Date signed 11/30/48  
Address

RECEIVED

DEC 4 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 347

132

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs

Hospital, institution, or street address where death occurred:

4610 Annapolis Rd.

How long in hospital or institution? \_\_\_\_\_

## 3. (a) FULL NAME

Annie Bell

4. Sex

F

5. Color or race

6. (a) Single, married, widowed, or divorced

G Widowed

8. (b) Name of husband

Lemuel Bell  
(deceased)

7. Birth date of

deceased (mo., day, yr.) Sept. 18, 1876

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Dowse

Homes

11. Industry or business

William Harrison

FATHER

12. Name

Unknown

MOTHER

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Mrs. Bertha Jefferson

Name

Address 4610 - Annapolis Rd. Bladensburg

17. Burial

Date thereof Nov. 13, 1948

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Paynes

Location

Washington, D.C.

18. Funeral director

John J. Stewart

Address

302 21st St. N.W. Wash., D.C.

19. Date rec'd by registrar

Nov. 11, 1948

(Date rec'd by registrar)

Carrie F. Campbell

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... P. G.

City or town..... 1320 Annapolis Rd. (If outside city or town limits, write RURAL and give nearest town)

Street No. 4610 - Annapolis Rd. (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 9 1948 at 2:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 30 1948 to Nov. 9 1948

and that I last saw her alive on Nov. 7 1948

Immediate cause of death

Myocarditis

Acute

Due to

Toxemia from

Nephritis

2-6 no

Due to

Nephritis &amp; Pyelitis

2-6 no

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... No Date of

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. W. H. Spiller M.D.

M. D. or other

Address: Breaststroke Beach Date signed: 11-9-48

RECEIVED - DEPARTMENT OF STATE - CABLEGRAM

TELEGRAM TO STANFORD

RECEIVED

NOV 15 1948

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information care,  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11646

Reg. Dist. No. 240

## CERTIFICATE OF DEATH

159

## 1. PLACE OF DEATH:

County. Prince George

City or town. Waldorf (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Baby Brookes

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Colored

6. (b) Name of husband or wife.

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

Nov 1, 1948

8. AGE:

Years      Months      Days      If less than one day  
                  |            |            |  
                  |            |            |  
                  2            hrs.      30 min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Joseph D. Brookes

13. Birthplace Maryland

14. Maiden name. Russell Smith

15. Birthplace Maryland

16. Informant

Joseph D. Brookes

Address

Bureau

Date thereof 11-2-1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory On Dawson Farm

Location Near Waldorf in Prince George Co

18. Funeral director Joseph D. Brookes

Address Waldorf MD R.F.D.

19. Nov. 2 1948

T. H. Billingsley

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Waldorf (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Nov 1, 1948, 21, 3:30 p.m.

21. I CERTIFY that death occurred on the date above elated; that I attended deceased from 19... to 19...

and that I last saw h..... alive on 19...

Immediate cause of death

Prematurity

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causee, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Deputy medical Examiner

23. SIGNATURE Date signed 11-2-48

M.D. or other

Dr. John J. B. Billingsley

B21  
+ B20  
12-15



Evidence for change of  
age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore

11647

Film No. G 118 NOV 24 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County... Prince George General

City or town... Cheverly Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 36 hours

Hospital, Institution, or street address where death occurred:  
Prince George General

How long in hospital or institution? 36 hours

3. (a) FULL NAME

Kathleen Mary Burgess

4. Sex Female 5. Color or race white married

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Henry S. Burgess

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 17 1897

8. AGE: Years Months Days If less than one day

50 54 11 23 hrs. min.

9. Birthplace D. C. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER 12. Name James Mulvey

13. Birthplace Pennsylvania

14. Maiden name Mary

15. Birthplace

16. Informant Henry Burgess

Address 4400 - 28th Place

Mt. Rainier Md

17. Burial Date thereof Nov 12, 1948

(Burial, cremation, or removal? Which?) The Lincoln

Cemetery or crematory

Location Colmar Manor Md

18. Funeral director F Gaschi sons

Address Hyattsville Md

19. Date rec'd by registrar Nov 11 1948

Amanda Howery

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Cheverly  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4400 - 28th Place

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1948 at 6 40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jas. 10 1946 to Nov 10 1948

and that I last saw her alive on November 10 1948

Immediate cause of death

Cerebral Accident

Due to following

Cholecystectomy

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Date signed 11/11/48

RECEIVED

NOV 15 1948

BUREAU U. S.

1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11648  
93d  
725

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH: Prince Georges County

County

City or town: Hyattsville Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Noma Mead Burrhus

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	widowed

6. (b) Name of husband or wife: Frederick C. Burrhus

7. Birth date of deceased (mo., day, yr.) may 8, 1875

6. (c) If alive, give age years

8. AGE: Years	Months	Days	If less than one day
73			hrs. min.

9. Birthplace: Ohio

(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

12. Name: Truman Oliver Mead

13. Birthplace: Ohio

14. Maiden name: Mary Chaffee

15. Birthplace: Ohio

16. Informant: Mr. Harold Burrhus

Address: Hyattsville Maryland

17. Burial Date thereof: NOV. 18, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Ft. Lincoln Cemetery

Location: Colmar Manor Maryland

18. Funeral director: F. gasch's Sons

Address: Hyattsville Maryland.

19. Date rec'd by registrar: Nov 17 1948 James Berry

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Hyattsville Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No: 6004 44th avenue

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 15, 1948 3:30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948 to Nov 15 1948 and that I last saw her alive on Nov. 13 1948

Immediate cause of death:

cerebral thrombosis DURATION 3 days

Due to: General arteriosclerosis 3 years

Due to:

Congestive Heart Failure 3 months

Other conditions: arteriosclerotic heart disease

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

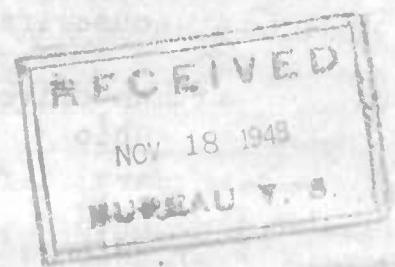
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. G. Schaffenburg Jr. M.D. M.D. or other

Address: 4404 Queenbury Rd., Silverdale Date signed: 11-16-48

(Date rec'd by registrar)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11643  
245

Reg. Dist. No. ....

1. PLACE OF DEATH: Prince George Co Md  
 County Haytsville md  
 City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? \_\_\_\_\_  
 Hospital, Institution, or street address where death occurred: Sacred Heart Home  
 How long in hospital or institution? \_\_\_\_\_

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Md County Prince Georges  
 City or town Haytsville (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 700 (If rural, give LOCATION)

2.(a) If veteran, name war. WW3. (b) Social Security Number ✓

3. (a) FULL NAME Julia Burns  
 4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife ✓

7. Birth date of deceased (mo. day. yr.) March 29, 1859 8. (c) If alive, give age 70 years

8. AGE: Years 89 Months 7 Days 27 If less than one day hrs. min.

8. Birthplace Quebec Canada (Town, county, and state)

10. Usual occupation Houseworker

11. Industry or business ✓

MOTHER FATHER  
 12. Name William Burns  
 13. Birthplace Quebec Canada

MOTHER  
 14. Maiden name Julia Culliver  
 15. Birthplace Quebec Canada

16. Informant James Atkins  
 Address 2816 N. Franklin Arlington Va

17. Burial Burial Date thereof Nov 30 1948 (month) (day) (year)  
 Cemetery or crematory Laurel Cemetery  
 Location Laurel md.

18. Funeral director Cherry Chase Funeral Home  
 Address 5901 Wisconsin Washington D.C.

19. (Date rec'd by registrar) Nov 27 1948 James Davis

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 1948 at 10:45 P.M.  
 21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Nov 19 1948 to Nov 26 1948 and that I last saw her alive on Nov 26 1948.

Immediate cause of death

Congestive heart failure DURATION 70 days  
 Due to Cardio - arterial sclerosis 2 years

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

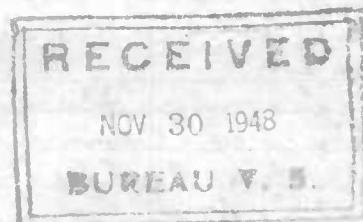
23. SIGNATURE Robert G. Dale MD

M. D. or other

Address 35 N Glebe RdDate signed 27 Nov 48

STAMP BY TELETYPE SYSTEM MAILTRAK

RECEIVED NOV 30 1948 10:30 A.M.



I

PLEASE WRITE MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11650

245

## CERTIFICATE OF DEATH

186a  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County Prince George

City or town Mt. Rainier

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

4411-30<sup>th</sup> St. Mt. Rainier Md.

How long in hospital or institution?

## 3. (a) FULL NAME

Florence E. Chaney

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White Widowed

6. (b) Name of husband

Wm. H. Chaney

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Aug 17<sup>th</sup> 1875

8. AGE: Years

Months

Days

If less than one day

.... hrs. .... min.

9. Birthplace

Washington D. C.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name William May

13. Birthplace Wash. D. C.

14. Maiden name Elizabeth Taylor

15. Birthplace Wash. D. C.

16. Informant Mrs. Florence May

Address 4411-30<sup>th</sup> St. Mt. Rainier Md.

17. Burial Date thereof 11-9-1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ft. Lincoln

Location Wash.-Balto Blvd &amp; D. C. Line Md.

18. Funeral director Wm. J. Valley

Address 3200-B Ave. Mt. Rainier Md.

Nov 8 1948 James Devry

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Prince George

City or town Mt. Rainier

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4411-30<sup>th</sup> St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

11-6 1948 at 2:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6-19 1948 to 11-6 1948

and that I last saw h. 11-1 1948 alive on 11-1 1948

Immediate cause of death Fracture of Knight

Femur (Intertrochanteric)

Proximal Ulcers on Both Sides

DURATION

4 1/2 mo.

Due to

Due to

Other conditions Hypertension Cardia

Nose and Disease Senility

2 yrs

(Include pregnancy within 3 months of death)

Major findings or operations Intertrochanteric Fracture

Rt. Hip. Pain, swelling Date of op. 6-21-48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6-19-48

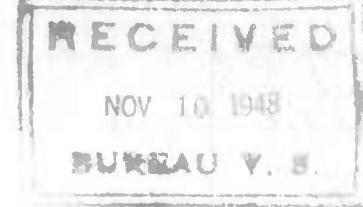
Where did injury occur? Mt. Rainier Md. (City or town) (State)

Injured at home farm, industry, public place (where?) Sidewalk other home

Means of injury Fall Injured at work?

23. SIGNATURE Wm. Devry M. D. M. D. or other

Address Mt. Rainier Md. Date signed 11-6-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11651

## CERTIFICATE OF DEATH

Reg. Dist. No. 272

The correct age

## 1. PLACE OF DEATH:

County: Prince George's  
 City or town: Fairmount Heights  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 44 years

Hospital, Institution, or street address where death occurred: 715 - 58 Avenue

How long in hospital or institution?

## 3. (a) FULL NAME

CHARITY, SADIE QUANDER

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Colored Married

6. (b) Name of husband or wife: CHARITY, MALKIAH

7. Birth date of deceased (mo., day, yr.)

November 20, 1881

6. (c) If alive, give age 77 years

8. AGE:

Years	Months	Days	If less than one day
66	11	16	hrs. min.

9. Birthplace

Alexandria, Virginia  
(Town, county, and state)

10. Usual occupation

Public school Teacher  
and Housewife

11. Industry or business

Quander, Robert

12. Name

Fairfax, Virginia

13. Birthplace

Tops, Torrinda

14. Maiden name

Virginia

15. Birthplace

Jenkins, Virginia

16. Informant

Address 14227 Cimarron Ave, Bladensburg

17. (Burial, cremation, or removal, Which?)

Date thereof (month) (day) (year)  
Burial

Cemetery or crematory

Elmwood Nat. Church

Location

Baltimore Md

18. Funeral director

James W. Quander

Address

2028-9 2d St. N. W.

19. (Date rec'd by registrar)

Nov 7 1948 Lemanda Howard

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Fairmount Heights

(If outside city or town limits, write RURAL and give nearest town)

Street No: 715 - 58 Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

7

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1948 at 11:0A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 6, 1946, to Nov. 7, 1948, and that I last saw her alive on Nov. 7, 1948.

Immediate cause of death: Hypertension arteriosclerosis (current) DURATION 2 yrs

Due to: Arteriosclerosis ?

Due to: Hypertension cardio-vascular renal disease ?

Other conditions: Diabetes mellitus 2 yrs

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Theodore Pinckney M.D.

4832D same as before M. D. after

Address: Washington, D.C. Date signed: Nov. 7, 1948

RECEIVED

NOV 15 1948

FEDERAL BUREAU OF INVESTIGATION

PLEASE WRITE MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11652

93d  
Reg. Dist. No. 231

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County... Prince George's General Hospital

City or town... Cheverly, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 52 Hours

Hospital, institution, or street address where death occurred:

Prince George's General Hospital, Cheverly, Md.

How long in hospital or institution? 52 Hours

## 3. (a) FULL NAME

Chauncy, Mr. B. Harris Chauncey

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Mrs. Jennie Chauncey

7. Birth date of deceased (mo., day, yr.)

Sept 26 1883

6.(c) If alive, give age years

8. AGE: Years

Months

Days

If less than one day

65

1

11

hrs.

min.

9. Birthplace

(Town, county, and state) Md.

10. Usual occupation Painter

11. Industry or business

12. Name George Chauncey

13. Birthplace Maryland

14. Maiden name Fannie Nelson

15. Birthplace Maryland

16. Informant Mrs. Jennie Chauncey

Address Riverdale Md.

17. Burial Date thereof Nov. 8, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or cemetery Fort Lincoln Cemetery

Location Colmar Manor Md.

18. Funeral director F. Gasch's Sons

Address Hyattsville Md.

19. Date rec'd by registrar Nov 8 1948

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md

County Prince George

City or town Riverdale Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6311 - 47 ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

11-6

1948 at 12:04

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11-1

1948 to

11-6

1948

and that I last saw him alive on

11-5

1948

Immediate cause of death

Bronchopneumonia

Due to

Due to

Other conditions Hypertension  
Diabetes

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

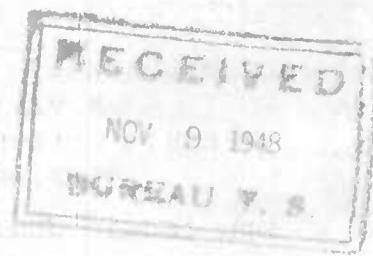
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



PLEASE WRITE MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1165

231

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County..... Prince Georges  
 City or town..... near Glenarden  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... transient  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Prince Georges  
 City or town..... Glenarden  
(If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Virginia Harriet Chittams

4. Sex

5. Color or race

B.(a) Single, married, widowed, or divorced

F

C

Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

42 10

hrs.

min.

9. Birthplace.....

Maryland

(town, county, and state)

10. Usual occupation.....

Automotive machinist

11. Industry or business.....

Auto Parts

12. Name.....

Wm T. Chittams

13. Birthplace.....

Md.

14. Maiden name.....

Mary G. Hubert

15. Birthplace.....

Md.

16. Informant.....

Mari Chittams

Address.....

Glenarden, Md.

17. Removal Date thereof.....

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Melvin &amp; Schey funeral home

Cemetery or crematory.....

4247 R St N.W. Washington, D.C.

Location.....

F. Gacchis Sons

18. Funeral director.....

Address..... Hyattsville, Md.

19. For.....

Date rec'd by registrar.....

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

2D. DATE OF DEATH..... Nov. 19 1945 at 1055 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death..... Hemorrhage &amp; shock

Due to..... Multiple fractures &amp;

Laceration of body

Due to..... Struck by automobile

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes fill in the following:

Accident, suicide, or homicide.....

Where did injury occur?..... Near Glenarden, Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Public Place

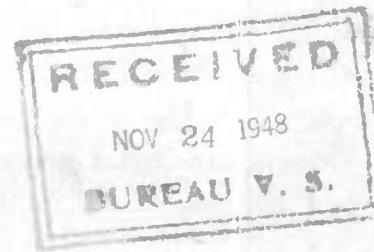
Means of injury..... Hit by automobile

Injured at work?..... No

23. SIGNATURE..... John J. Maloney, M.D.

Address..... Chevy Chase, Hyattsville, Md.

Date signed..... Nov. 20, 1945



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11654

## CERTIFICATE OF DEATH

Reg. Dist. No. 234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness  
is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County: Anne Arundel Co  
City or town: CLINTON, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Siegred H. Cliffor

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white married

6. (b) Name of husband or wife: Thomas R. Cliffor

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

May 29 - 1880

8. AGE: Years Months Days It less than one day

68 hrs. min.

B. Birthplace

Oslo Norway  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name Rudolph Hessleberg13. Birthplace Norway14. Maiden name Karen Halskens15. Birthplace Norway16. Informant Thomas R. ClifforAddress 1523-Clifforwood St N.E.17. Burial Date thereof Nov 9-1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cedar Hill CemeteryLocation Saintland Maryland18. Funeral director Arthur E. SimmonsAddress 2007 Nichols Ave N.E.19. Nov 6 1948 Howard J. Beall  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town: Washington, D.C.  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1523 ISHERWOOD ST. NE  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1948 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

Nov 1 1948 to Nov 6 1948and that I last saw her alive on Nov 5 1948Immediate cause of death Acute congestiveHeart failure - withPulmonary edemaSecondaryAnemia ofConsequence ofuterus with fetus6 moDuration 2 hoursDue to Consequence ofuterus with fetus6 moOther conditions -

(Include pregnancy within 3 months of death)

Major findings or operations Hemorrhage fromCervix or uterus Date of op. Oct 25, 1948Autopsy results negative

PHYSICIAN: Please underline the cause to which death should be charged statistically.

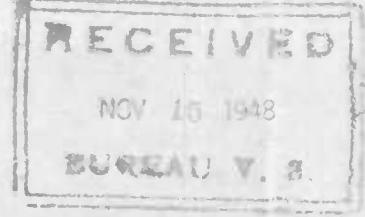
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide natural cause Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury - Injured at work?23. SIGNATURE John T. Gatto M. D. certifiedAddress Washington 1900 Date signed Nov 7, 1948



11641

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 231

## 1. PLACE OF DEATH:

County. Prince George's County

City or town. Cheverly, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Days 21 Hours

Hospital, institution, or street address where death occurred:

Prince George's General Hospital

How long in hospital or institution? 5 Days 21 Hours

## 3. (a) FULL NAME

Concklin, Mr. Arthur

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Selma Concklin

7. Birth date of deceased (mo., day, yr.) Sept 15, 1881 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day  
67 1 20 hrs. min.9. Birthplace Washington, D. C.  
(Town, county, and state)

10. Usual occupation Retired

## 11. Industry or business

12. Name Henry Concklin  
13. Birthplace Washington, D. C.14. Maiden name Louisa Fries  
15. Birthplace Washington, D. C.16. Informant Mrs Louise M. Beatty  
Address Washington, D. C.17. Burial Date thereof Nov 8, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ft Lincoln

Location Colmar Manor Md

18. Funeral director L. Gascia sons

Address Hyattsville Md

19. Date rec'd by registrar Nov 8, 1948

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Prince George's

City or town Hyattsville, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4618 Jefferson Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1948 11:09 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9-14-48 19 to 11-5 1948

and that I last saw h. m. alive on Nov 5 1948

## Immediate cause of death

Coronary thrombosis 6 days

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE John P. Flynn M.D.

M. D. or other

Address Hyattsville, Md. Date signed 11-6-48

RECEIVED

NOV 9 1948

BUREAU U. S.

PLEASE WRITE NEARLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

11655

243

Reg. Dist. No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH: Prince Georges

County: City or town: Bowie, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 hours

Hospital, institution, or street address where death occurred:

Bowie Race Track

How long in hospital or institution?

## 3. (a) FULL NAME

Joseph Frank Cox

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife:

Katharine Crane Cox

7. Birth date of deceased (mo., day, yr.)

August 16, 1890

6.(c) If alive, give age 54 years

8. AGE:

Years  
58Months  
2Days  
28If less than one day  
hrs. min.

9. Birthplace:

Ohio

(Town, county, and state)

10. Usual occupation:

Examiner Production Market

11. Industry or business:

Div. Dept of Agriculture

MOTHER FATHER

12. Name: Joseph Cox

13. Birthplace: Ohio

14. Maiden name: Martha Gatch

15. Birthplace: Ohio

16. Informant:

Katharine Cox

Address:

1112-16th St., N.W. Wash., D.C.

17. Burial (Burial, cremation, or removal. Which?)

Date thereof: Nov 17, 1948

(month) (day) (year)

Cemetery or crematory:

Arlington National

Location:

Arlington Va - Va

18. Funeral director:

L. Glash's sons

Address:

Hyattsville Md

19. Date rec'd by registrar:

Nov 17

19

Amanda L. Dorney

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: District of Columbia

County:

City or town: Washington, D.C.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1112-16th Street, N.W.

(If rural, give LOCATION)

2.(a) If veteran, name war:

World War I

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 13

19 48 4.30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. , to. 19.

and that I last saw h. alive on. 19.

Immediate cause of death:

Acute congestive heart failure

Due to: Cardio-vascular renal disease.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results: Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

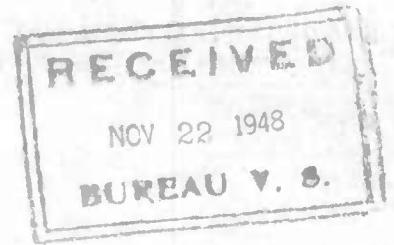
Means of injury

Injured at work?

23. SIGNATURE: John J. Maloney Dep. Med. Examiner

M.D. or other

Address: Chevy Chase, Md. Date signed: Nov 14, 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

111C  
Reg. Dist. No. 245

## 1. PLACE OF DEATH:

County. Prince George  
 City or town. Riverdale, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 97 days

Hospital, institution, or street address where death occurred:

Belair Memorial Hospital

How long in hospital or institution? 97 days

## 3. (a) FULL NAME

Miss Mary Sidney Cumberland

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	single

6. (b) Name of husband or wife:

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) May 10, 1879

8. AGE: Years	Months	Days	If less than one day
69	6		— hrs. — min.

9. Birthplace Washington D.C.  
(Town, county, and state)

10. Usual occupation. Clerk

11. Industry or business

12. Name William Edward Cumberland

13. Birthplace Washington D.C.

14. Maiden name Annie Blenore Cottrell

15. Birthplace Washington D.C.

16. Informant Mrs. Anna Schaefer - Niece

Address 3314-40th Place - Colmar Manor

17. Burial Date thereof Dec. 4-1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory Fort Lincoln Cemetery

Location Colmar Manor, Prince Geo. Co.

18. Funeral director Wm. J. Nalley

Address 3200-R. I. Ave. Mt. Rainier, Md.

Nov 30 1948 James Berry

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Colmar Manor - Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3314-40th Place  
(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 - 1948, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22, 1948, to Nov. 28, 1948,

and that I last saw her alive on November 28, 1948.

Immediate cause of death Pulmonary edema

Due to Essential hypertension

Due to Decubitus ulcers

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

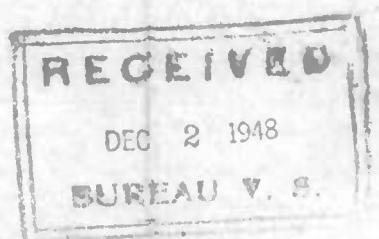
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE St. G. Schaefferberg, M.D.

(M.D. or other)

Address 4404 Greenbury Rd., Riverdale, Md. Date signed 11-30-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11657

## CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:  
 County Prince George's County  
 City or town Cheverly, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 hours.  
 Hospital, Institution, or street address where death occurred:  
 Prince George's General Hospital  
 How long in hospital or institution? 23 hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Ma County Prince George  
 City or town Hyattsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 5701 - 40th  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

HENRY Baby Boy De Vries

## 3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		
Male	White	Single		
6.(b) Name of husband or wife				
November 29, 1948		6.(c) If alive, give age..... years		
7. Birth date of deceased (mo., day, yr.)		November 29, 1948		
8. AGE:	Years	Months	Days	If less than one day
			23	hrs. min.
9. Birthplace		CHEVERLY, Pa., Goo. Co.		
(Town, county, and state)				
10. Usual occupation.....				
11. Industry or business.....				

MOTHER FATHER	12. Name	John De Vries
	13. Birthplace	New Jersey
MOTHER	14. Maiden name	Ditmar MARIA
FATHER	15. Birthplace	Michigan

16. Informant.....  
 Address.....  
 17. Cremation..... Date thereof 12/2/48  
 (Burial, cremation, or removal. Which?)  
 Cemetery or crematory Prince George's General Hospital  
 Location Cheverly, Md.  
 18. Funeral director O. T. Baby, Agent  
 Address Cheverly, Md.  
 19. Dec 6 48 Amanda Dorrell  
 (Date rec'd by registrar) 19  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1948 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. to 19. and that I last saw him alive on 19.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

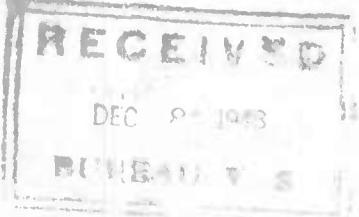
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury..... Injured at work?

23. SIGNATURE..... M. D. or other.....

Address..... Date signed 12-14-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11658  
136

## CERTIFICATE OF DEATH

Reg. Dist. No. 142

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?....43 years

Hospital, institution, or street address where death occurred:

6306 Brooks Rd.

How long in hospital or Institution?.....

## 3. (a) FULL NAME

Carrie Elizabeth

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female colored married

8. (b) Name of husband or wife.....

George Diggs

7. Birth date of deceased (mo., day, yr.)

Oct. 20 - 1887

8. (c) If alive, give age..... years

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>8</u>		hrs. min.

9. Birthplace

Baltimore Hts. P. S. Geo Co Md.

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

John Matthews

FATHER

12. Name.....

Alphonsus Co. Md.

MOTHER

13. Birthplace

Tellie Berry

14. Maiden name.....

John Georges Co. Md.

15. Birthplace

Potowmuk

16. Informant.....

Bureau

Address

524-56 St. K. Washington D. C.

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory.....Lincoln Cemetery

Location

S. Baltimore Maryland

18. Funeral director.....

John J. Stewart

Address

30 N St. W. Baltimore

19. Date rec'd by registrar.....

Nov. 29 1948

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6306 Brooks Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

Diggs

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

Nov. 28 1948

1948 to Nov. 28 1948

and that I last saw her alive on Nov. 28 1948

IMMEDIATE CAUSE OF DEATH

Pulmonary tuberculosis

DURATION

14 days

Due to.....

.....

.....

.....

.....

(Include pregnancy within 8 months of death)

## MAJOR FINDINGS OF OPERATIONS

..... Date of op.

## ANTEPOSSUM RESULTS

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 23. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

.....

23. SIGNATURE H. C. Bellone M.D.

M. D. or other

Address 44423-61 unit PL 128-108Date signed 11-28-48

RECEIVED

DEC 2 1948

BUREAU F. B. I.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11659

## CERTIFICATE OF DEATH

Reg. Dist. No. 245

## 1. PLACE OF DEATH:

County Prince George Co

City or town Mt Rainier Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Martha Harding Slobyns

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

married

6. (b) Name of husband or wife

Jennings L Slobyns

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age years

March 24, 1914.

8. AGE:

Years 34

Months

Days

If less than one day

hrs. min.

9. Birthplace

Baltimore, Md.

(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

Emerson Otto Harding

MOTHER FATHER

12. Name

Ta

13. Birthplace

Mt. Rainier

14. Maiden name

Martha Radmond

15. Birthplace

Md.

16. Informant

Jennings L Slobyns.

Address

Mt. Rainier, Md.

17. Burial

Date thereof Nov 19, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Melrose Cemetery

Location

Melrose Ta

18. Funeral director

L Kaschis son

Address

Hyattsville Md

19. (Date rec'd by registrar)

44 James Berry

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For whom infants give residence of mother)

State Md

County Prince George

City or town Mt Rainier Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4215

Russell ave

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 17 November 48 1:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 November 1948 to 17 November 1948 and that I last saw her alive on 16 November 1948

Immediate cause of death

Generalized  
CARCINOMATOSIS

Due to

CARCINOMA UTERUS

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Etienne

Berwyn, Md

M. D. or other

11-17-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11660

## CERTIFICATE OF DEATH

Reg. Dist. No. 231

## 1. PLACE OF DEATH:

County Prince Georges

City or town Bladensburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

William Earl Dronay.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M.

W

Married

## 6. (b) Name of husband or wife

Dorothy Teresa Dronay

6. (c) If alive, give age 59 years

## 7. Birth date of deceased (mo., day, yr.)

Sept 2, 1889

## 8. AGE:

Years 59

Months 2

Days 5

If less than one day hrs. min.

## 9. Birthplace

Pennsylvania

(Town, county, and state)

## 10. Usual occupation

Dr. Chemist

## 11. Industry or business

MOTHER FATHER

12. Name James Dronay

13. Birthplace Pennsylvania

14. Maiden name Anna H. Myer

15. Birthplace Pennsylvania

16. Informant Frances C. Dronay

Address 5203 Annapolis Rd.

17. Burial Date thereof Nov 10, 1948  
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Catholic Cemetery

Location Owings Mills

18. Funeral director T. Gaskins Sons

Address Syattsville Md.

19. 11/8 1948

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Geo

City or town Bladensburg Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5303 - Annapolis Rd -

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 7

1948, at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.

to

19.

and that I last saw h alive on

Immediate cause of death

Cardio-vascular cerebral disease

But to contributory Coronary

sclerosis - sudden

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

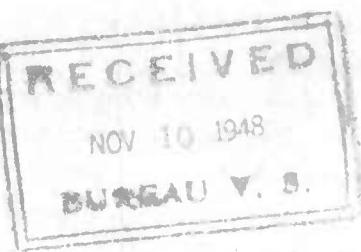
23. SIGNATURE John J. Maloney

Dep. Medical Hammer

M. D. or other

Address Cheshire Hospital

Date signed



PLEASE WRITE NEARLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11661

## CERTIFICATE OF DEATH

Reg. Dist. No. 231

## 1. PLACE OF DEATH:

County Prince George's  
City or town Cheverly, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Prince George's General

How long in hospital or institution? 8 days 9 hours

## 3. (a) FULL NAME

Mrs. Margaret Fierstein

4. Sex Female | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife *Mrs. Fierstein*

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1896

6. (c) If alive, give age years

8. AGE: Years 52 Months | Days | If less than one day hrs. min.

9. Birthplace Washington, D.C.

(Town, county, and state)

10. Usual occupation Housewife

## 11. Industry or business

John Dug Eng

12. Name John Dug

13. Birthplace England

May 20th Kardon

14. Maiden name Canada

15. Birthplace

John T. Denney

Address 3819-58th Av. Cheverly Md.

17. Burial Date thereof Nov 20, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Lincoln

Location Colmar Manor Md

18. Funeral director L. Gascha son

Address Hyattsville Md.

19. For 20 48 Amanda Brown  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's

City or town Cheverly (If outside city or town limits, write RURAL and give nearest town)

Street No. 3819-58th Avenue  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 17 November 1948 at 8 40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/8/48 19... to 11/17/1948

and that I last saw her alive on 11/17/1948

Immediate cause of death

Hemorrhage (cerebral).

DURATION

1 week

Due to Hypertension Heart Disease

10 years

Due to Chronic glomerulonephritis

present

Other conditions Pulmonary congestion

present

Bronchial pneumonia.

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results 17 year old heart disease, chronic bronchitis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

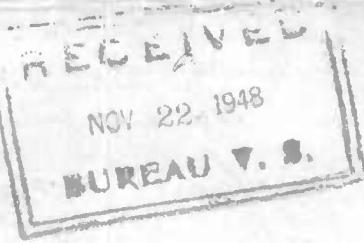
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

## 23. SIGNATURE

M. D. or other

Address 5985 Maryland Avenue Date signed 11/18/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11662

## CERTIFICATE OF DEATH

186a

Reg. Dlat. No. 739

1. PLACE OF DEATH: Prince George's  
 County: Laurel  
 City or town: (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since July 15 1947  
 Hospital, institution or street address where death occurred: Laurel Sanitarium  
 How long in hospital or institution? Since July 15 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State: Washington D.C. County: D.C.  
 City or town: (If outside city or town limits, write RURAL and give nearest town)  
 Street No.: 2709 36th Street (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

## 3. (a) FULL NAME

Mabel Coleman Fishback

4. Sex: F 5. Color or race: W 6. (a) Single, married, widowed, or divorced: W

6. (b) Name of husband or wife: Frederick Lewis Fishback7. Birth date of deceased (mo., day, yr.): July 17 1870 8. (c) If alive, give age: 78 years8. AGE: Years: 78 Months: 3 Days: 17 If less than one day: hrs. min.9. Birthplace: Michigan (Town, county, and state)10. Usual occupation: Nursewife

## 11. Industry or business:

12. Name: Philip Coleman13. Birthplace: Osgooda14. Maiden name: Sophie Wiltse15. Birthplace: Michigan16. Informant: Dr. J.C. Coggins 17. Name: J.C. FishbackAddress: Laurel, Md. 1801 Eye St.18. Burial: Burial Date thereof: Nov 1947 Washington

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ground: Rock Creek Location: Washington D.C.Location: Washington D.C.19. Funeral director: Joseph Shuler SonsAddress: 1756 Penna. Ave. N.Y. N.Y.20. Date rec'd by registrar: Nov 4 1948

(Date rec'd by registrar)

Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 4 1948 at 11:20 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1948 to Nov 4 1948 and that I last saw her alive on Nov 4 1948Immediate cause of death: Senile asthenia DURATION: Senile arteriosclerosisDue to: Senile arteriosclerosisDue to: Recent fall & hip fracture 8 daysOther conditions: Include pregnancy within 3 months of deathMajor findings or operations: Date of op.

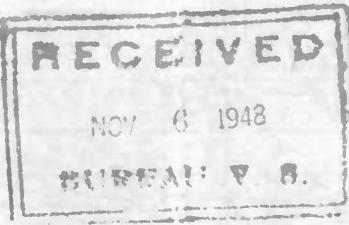
Autopsy results: PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: None Date of: Oct. 1948Where did injury occur? Laurel, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: fall Injured at work?23. SIGNATURE: Jesse Coggins M. D. or otherAddress: Laurel, Md. Date signed: Nov. 4 1948



M  
I  
PLEASE WRITE MAINLY WITH UNFADING INK. Supply every item of information carefully. Incomplete or illegible entries will cause delay in issuing death certificate.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11663

## CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:  
 County PRINCE GEORGE'S  
 City or town BRENTWOOD, MARYLAND  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 YEARS  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Elizabeth VICTORIA FLYNN

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced WIDOWED

6. (b) Name of husband or wife CHARLES O FLYNN  
 DECEASED

7. Birth date of deceased (mo., day, yr.) JULY 16 1882

8. AGE: Years 66 Months . Days . It less than one day . hrs. . min.

9. Birthplace PHILADELPHIA, PA.  
(Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business NONE

MOTHER FATHER 12. Name JOHN RHINEHARDT

13. Birthplace GERMANY

14. Maiden name NOT KNOWN

15. Birthplace GERMANY

16. Informant OGDEN V FLYNN

Address 3502 VARNUM ST BRENTWOOD MD

17. BURIAL Date thereof NOV 13 1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory CONGRESSIONAL

Location WASHINGTON DC

18. Funeral director W W Chamber Co

Address 3072 1/2 ST NW

Dec 11 1944 James Berry

(Date rec'd by registrar)

13b  
 2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State MARYLAND County PRINCE GEO'S

City or town BRENT WOOD

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3502 VARNUM ST

(If rural, give LOCATION)

2. (a) If veteran, name war NONE

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1948 at 1 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 6, 1943, to Nov 11, 1948

and that I last saw her alive on Nov 6, 1948

Immediate cause of death Pal pte.

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of —

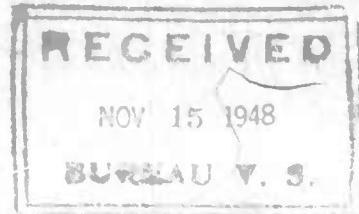
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE. E. Fenton M. D. mother

Address 1835 Eye St NW Date signed Nov 15 '48



M  
The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefury. The causes of death clearly and legibly

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11664

## CERTIFICATE OF DEATH

Reg. Dist. No. 237

## 1. PLACE OF DEATH:

County

City or town

Prince George  
Crown Station

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Benjamin Harrison Forbes.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Colored

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Mar. 8 1928

6. (c) If alive, give age years

8. AGE: Years

Months

Days

If less than one day

28

8

7

hrs.

min.

9. Birthplace

Crown Md.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

James Arthur Forbes

13. Birthplace

Ind.

14. Maiden name

Ethel Rebecca Forbes

15. Birthplace

Ind.

16. Informant

Benjamin Forbes

Address

Crown Station

Burial

Date thereof Nov. 16 1978

(Burial, cremation, or removal. Which?)

Cemetery or crematory

St. Mary's

Location

Crown Md.

18. Funeral director

J. T. Johnson

Address

Annapolis Md.

19. (Date read by registrar)

Nov. 15

1978

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Prince George

City or town

Crown Station

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

15 Nov

1948 at 12:35 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12 Nov

1948

to 15 Nov 1948

and that I last saw him alive on

12 Nov

1948

Immediate cause of death

Tuberculosis, latent, pulmonary

DURATION

Unknown

Due to

Due to

Other conditions Osteomyelitis, right, probably tuberculous

1 year

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

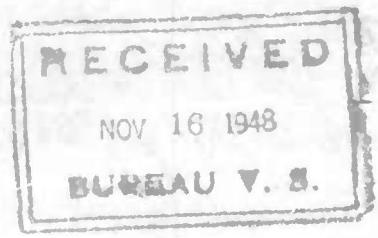
23. SIGNATURE

Robert B. Danner M. D.

Address

Upper Marlboro, Md.

Date signed 15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 83a 234 234

## 1. PLACE OF DEATH:

County..... Prince George  
City or town..... Accurate 2nd  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex ♂ 5. Color or race Wt. 6.(a) Single, married, widowed, or divorced Single

B.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) 1870 6.(c) If alive, give age ..... years

8. AGE: Years 78 Months Days If less than one day hrs. min.

9. Birthplace..... Scotland  
(Town, county, and state) Farmer

10. Usual occupation..... Farmer

11. Industry or business..... William Gordon

FATHER 12. Name..... William Gordon  
13. Birthplace..... Scotland

MOTHER 14. Maiden name..... Agnes Lawesay  
15. Birthplace..... Scotland

16. Informant..... Bruce Gordon

Address..... Accurate 2nd  
17. (Burial, cremation, or removal. Which?) Burial Date thereof..... 11-20-48  
(month) (day) (year)

Cemetery or crematory..... S. Jones

Location..... Bryans Road 2nd

18. Funeral director..... Hunt &amp; Son

Address..... Waldorf 2nd  
19. (Date rec'd by registrar) Nov 18 1948 M. L. Moore

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn Infants give residence of mother)

State..... MD County..... Prince George  
City or town..... Accurate - 2nd  
(If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov 17 1948 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 13 1948, to Nov 17 1948  
and that I last saw him alive on Nov 17 1948.

Immediate cause of death.....

Causes leading to death.....  
Due to..... Cerebral Vasular Accident  
Duration..... 4 days

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

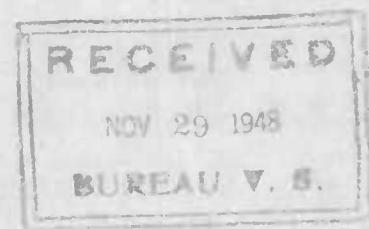
Means of injury..... Injured at work?

23. SIGNATURE..... Edwin L. Lane M.D. or other

Address..... Waldorf 2nd Date signed 11/17/48







PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11667

## CERTIFICATE OF DEATH

Reg. Dist. No. 242

## 1. PLACE OF DEATH:

County... Prince George's  
City or town... Oaklawn  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 years

Hospital, institution, or street address where death occurred:

7351 Allentown Road

How long in hospital or institution?

## 3. (a) FULL NAME

Male

5. Color or race

White Married

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

Audrey Hanbury

7. Birth date of deceased (mo., day, yr.)

March 30, 1892

(c) If alive, give age

41 years

8. AGE:

Years  
56Months  
↓Days  
1If less than one day  
hrs. .... min.

9. Birthplace

Virginia  
(Town, county, and state)

10. Usual occupation

Mother

11. Industry or business

Farm

12. Name

Harold Hanbury

13. Birthplace

Virginia

14. Maiden name

Adel Taylor

15. Birthplace

Virginia

16. Informant

Audrey Griffin Hanbury

Address

7351 - Allentown Rd #3

17. BURIAL

(Burial, cremation, or removal. Which?)

Date thereof Nov. 13 1948

(month) (day) (year)

Cemetery or columbarium

Cedar Hill Cemetery

Location

Glenwood, Maryland

18. Funeral director

John Chambers

Address

517 11th Street S.E. Wash.

D.C.

19. Date rec'd by registrar

Nov. 11 1948 Carrie F. Campbell

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Prince George

City or town... Oaklawn (If outside city or town limits, write RURAL and give nearest town)

Street No. 7351 - Allentown Road

(If rural, give LOCATION)

2.(a) If veteran, name war World War I

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Nov. 10 1948 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.... to 19....

and that I last saw h... alive on 19....

## Immediate cause of death

Acute congestive heart failure  
Due to Cardiosclerotic cerebral disease

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

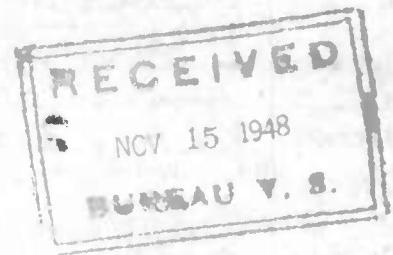
## Means of injury

Injury medical Examiner

## 23. SIGNATURE

H. Marshall, M.D. another

Address H. Marshall, M.D. Date signed Nov. 10 1948



PLEASE WRITE MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

52C

11668  
231

## 1. PLACE OF DEATH:

County Prince George

City or town Cheverly

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 29 days 11 hrs 24 "

Hospital, institution, or street address where death occurred:

Prince George Hospital

How long in hospital or institution? 29 days 11 hrs 24 min

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington

City or town D.C.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1603 Kenilworth Ave

(If rural, give LOCATION)

(a) If veteran, name war.

## 3. (a) FULL NAME

Neinlein, Mr. Edward

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male white Widower

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

June 13, 1902

8. AGE:

Years

Months

Days

If less than one day

46

4

9

hrs.

min.

9. Birthplace Mass

(Town, county, and state)

10. Usual occupation milkman

11. Industry or business

William E Neinlein

12. Name

William E Neinlein

13. Birthplace

Mass

14. Maiden name Josephine Geiger

Mass

15. Birthplace

Mass

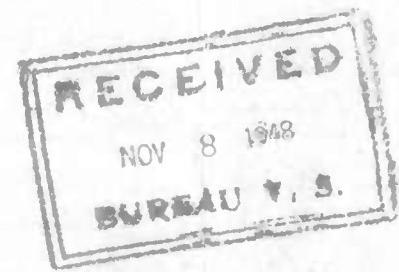
16. Informant Son Alden Neinlein

Address 1603 Kenilworth Ave. N.E.

removal Date thereof 11/14/48

(Burial, cremation, or removal, Which?)

(month) (day) (year)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11669

## CERTIFICATE OF DEATH

Reg. Dist. No. 131a  
ref 5

## 1. PLACE OF DEATH:

County:

City or town:

Prince Georges

Hyattsville Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

44 years

Hospital, Institution, or street address where death occurred:

/

How long in hospital or institution?

## 3. (a) FULL NAME

Edward Jerome Kierling, sr

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mac N. Kierling

7. Birth date of deceased (mo., day, yr.)

Years

Months

Days

If less than one day

hrs.

min.

6. (c) If alive, give age years

July 10, 1888

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace (Town, county, and state)

Washington D.C.

10. Usual occupation.

Salesman

11. Industry or business

Gunn &amp; Co.

12. Name

Edward Kierling

13. Birthplace

Germany

14. Maiden name

Mida Allen

15. Birthplace

Rockville Md

16. Informant

One Mac N. Kierling

Address

Hyattsville Md.

17. Burial (Burial, cremation, or removal. Which?)

Burial

Date thereof

Nov 18, 1948

(month) (day) (year)

Cemetery or crematory

Congregational

Location

Washington D.C.

18. Funeral director

Z. Gecchi sons

Address

Hyattsville Md.

19. Date rec'd by registrar

Oct 18, 1948

James Seery

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For whom infants give residence of mother)

State

Md

County

Prince Georges

City or town

Hyattsville Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

4230

ogletree st

(If rural, give LOCATION)

3. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

November 16 1948 at 1:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1948 to Nov. 16 1948

and that I last saw him alive on November 15 1948

Immediate cause of death

Acute congestive heart failure

DURATION

7 days

Due to Hypertensive Heart Disease

years

Due to Arteriosclerotic cardio-vascular - renal disease

years

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

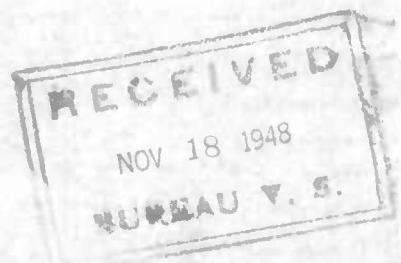
Injured at work?

23. SIGNATURE Ronald J. Fleischer, Jr.

M. D. or other

Address 5401-35th Ave. Hyattsville

Date signed 11-16-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11670

245

Reg. Dist. No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County..... Prince George's County  
City or town..... Brentwood

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 7 years

Hospital, Institution, or street address where death occurred:

4407 41st Street

How long in hospital or institution?..... --

## 3. (a) FULL NAME

CLIFTON MERDITH HODGSON

## 4. Sex

MALE

## 5. Color or race

WHITE

## 6. (a) Single, married, widowed, or divorced

WIDOWED

6. (b) Name of husband or wife..... Anna Lee Hodgson

(deceased)

6. (c) If alive, give age..... -- years

7. Birth date of deceased (mo. day. yr.)..... November 3, 1874

8. AGE: Years..... 74 Months..... 0 Days..... 18 If less than one day..... hrs..... min.....

9. Birthplace..... Winchester, Virginia  
(Town, county, and state)

10. Usual occupation..... Night Manager

11. Industry or business..... Willard Hotel, Wash., D.C.

12. Name..... Edward Luther Hodgson

13. Birthplace..... Winchester, Virginia

14. Maiden name..... Isabelle Woodward

15. Birthplace..... Unknown

16. Informant..... Mr. C. Fitzhugh Hodgson - Son

Address..... 4407 41st St., Brentwood, Md.

17. BURIAL..... Date thereof..... Nov. 24, 1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory..... MT. Hebron

Location..... Winchester, Va.

18. Funeral director..... W. W. CHAMBERS COMPANY

Address..... 5801 Cleveland Ave., Riverdale, Md.

Date rec'd by registrar..... Nov. 22, 1948  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Prince George's

City or town..... Brentwood

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 4407 41st Street

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

## 3. (b) Social Security Number

577-03-9890

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... 11/21

1948, at 12:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6-7 1948, to 11/21 1948

and that I last saw him alive on 11/21 1948

Immediate cause of death..... Hypertensive

cardio - renal disease

Congestive heart failure.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

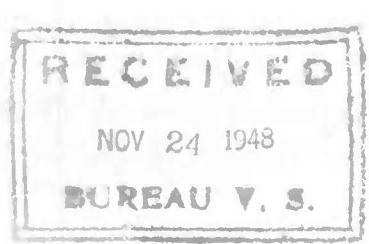
Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... George Hageage M. D. or other

Address..... 3211 - 38th Ave Date signed..... Nov. 22, 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11671

## CERTIFICATE OF DEATH

Reg. Dist. No. 230

M  
PLEASE WRITE NEARLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County..... *Baltimore*  
City or town..... *Baltimore*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *17 years*

Hospital, institution, or street address where death occurred:

*Old Park Bank Blvd.*

How long in hospital or institution?

## 3. (a) FULL NAME

*(SAHIE) Sally Rosalie Hippins*

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*Female**White**Married*

6. (b) Name of husband or wife

*William Alexander*

7. Birth date of deceased (mo., day, yr.)

*Dec 18, 1878*

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

*Fairfax Virginia*

(Town, county, and state)

10. Usual occupation

*Housewife**Self*

11. Industry or business

MOTHER FATHER

12. Name *CHARLES MANDRELL*13. Birthplace *Virginia*

MOTHER

14. Maiden name *SARAH STONE*

MOTHER

15. Birthplace *Virginia*

MOTHER

16. Informant *Mrs. Julia A. Lee*Address *Boltsville, Maryland*17. *Burial* Date thereof *Nov. 29, 1948*(Burial, cremation, or removal. Which? *cremation*) (month) (day) (year)Cemetery or crematory *Fairfax Station, Virginia*Location *Fairfax Station, Virginia*18. Funeral director *J. H. Chambers Co*Address *5801 Cleveland Ave, Rumble Ind*19. *Date rec'd by registrar* *Nov 27, 1948 James Berry*

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Ind* County..... *Perry*City or town..... *Bellville Ind*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *Old Park Bank Blvd.*

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

*None*

## MEDICAL CERTIFICATION

20. DATE OF DEATH *November 26 1948 at 6:15 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Sept 15 1947 to November 26 1948*and that I last saw her alive on *November 26 1948*

Immediate cause of death

*Suffocation*Due to *Arterio sclerosis*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

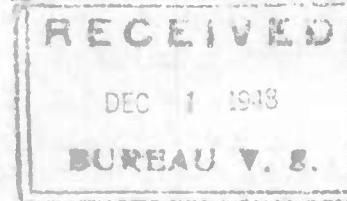
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE *Robert S. Berry Jr.*M. D. or other *Surgeon St James Ind* Date signed *11/26/48*

Address



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11672

## CERTIFICATE OF DEATH

Reg. Dist. No. 242

**1. PLACE OF DEATH:**  
 County: Prince Georges  
 Andrews Air Force Base  
 City or town: (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
 Hospital, institution or street address where death occurred:  
 Andrews Air Force Base

How long in hospital or institution?

**3. (a) FULL NAME**  
 JAMES, BERNARD M.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) August 8, 1923  
 6.(c) If alive, give age..... years

8. AGE:	Years	Months	Days	If less than one day
	25	3	16	hrs. .... min.

9. Birthplace..... Baltimore Maryland  
 (Town, county, and state)

10. Usual occupation..... Officer U.S. Air Force

11. Industry or business

MOTHER FATHER  
 12. Name..... Arthur V. L. James  
 13. Birthplace..... Maryland

14. Maiden name..... Ellen M. Moran  
 15. Birthplace..... Baltimore Md.

16. Informant..... Arthur V. L. James  
 Address..... 10 Ridge Rd. Catonsville Md.

17. Burial..... Date thereof..... Nov. 29, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... New Cathedral Cem.

Location..... Baltimore Md.  
*Walters Funeral Home Inc.*

18. Funeral director..... Wastler Funeral Home Inc.  
 Address..... 301 E. Capitol St. Washington D.C.

19. (Date rec'd by registrar) 19..... Registrar

**2. USUAL RESIDENCE (HOME) OF DECEASED:**  
 (For newborn infants give residence of mother)

State..... Maryland County.....  
 City or town..... Catonsville (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 10 Ridge Rd. (If rural, give LOCATION)

2.(a) If veteran, name war.....

**3. (b) Social Security Number**

## MEDICAL CERTIFICATION Approx

**20. DATE OF DEATH** 24 November 1948 at 2359 m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... 10..... 19.....

and that I last saw h..... alive on

Immediate cause of death..... Multiple crushing injuries generalized entire body with destruction of vital organs.

Due to..... AI while on duty when C-45 Aircraft crashed.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....  
 Where did injury occur? Andrews AFB, Prince Georges, Md  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Aircraft Accident Injured at work? Yes

*Francis E. Barry*  
 FRANCIS E. BARRY, Captain, MC

23. SIGNATURE..... M. D. or other

Address..... Date signed.....



original  
one correct age  
Physicians: please write the causes of death clearly and legibly  
is especially important.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11673

## CERTIFICATE OF DEATH

1952  
Reg. Dist. No. 245

## 1. PLACE OF DEATH:

County... Prince George  
City or town... Riverdale, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days and half day

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 3 days and one half day

## 3. (a) FULL NAME

Baby girl JONES, CAROL ANN

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Infant

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age..... years

Nov 14 1948

8. AGE: Years Months Days

If less than one day

3 days

hrs. min.

9. Birthplace... Riverdale, Pr. George Co., Maryland.  
(Town, county, and state)

10. Usual occupation... Infant

## 11. Industry or business

MOTHER FATHER 12. Name... Mr. Charles H. Jones

13. Birthplace Washington, D.C. WEAVER

14. Maiden name... Mrs. Laura ~~Weller~~

15. Birthplace Washington, D.C.

16. Informant... Leland Memorial Hospital

Address... Riverdale, Md.

17. Burial Date thereof Nov 20, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Evergreen

Location... Bladensburg Md

18. Funeral director... E. G. Schaefer Sons

Address... Hyattsville Md.

19. Date rec'd by registrar Nov 20 1948 James Henry  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... Prince Geo

City or town... Riverdale Md - 76511  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 14 1948 to Nov. 17 1948

and that I last saw her alive on November 17 1948

Immediate cause of death... Asphyxiation

DURATION

Due to... aspiration of vomitus

sudden

Due to...

Other conditions... Prematurity

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. A. Schaefer Sons M. D. or other

Address... 4404 Queensbury Rd., Riverdale Md. Date signed... 11-17-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11674

## CERTIFICATE OF DEATH

Reg. Dist. No. 230

## 1. PLACE OF DEATH:

County.....

Prince George

City or town.....

BELTSVILLE

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

25 yrs

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Robert P. Jones

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MALE

WHITE

MARRIED

6. (b) Name of husband or wife

EDNA M. JONES

7. Birth date of deceased (mo., day, yr.)

APRIL 4<sup>th</sup>, 1892

6. (c) If alive, give age..... years

8. AGE: Years

56

Months

Days

If less than one day

.... hrs. .... min.

9. Birthplace.....

CALAHAN, FLORIDA

(Town, county, and state)

10. Usual occupation.....

TELEGRAPH OPERATOR

11. Industry or business.....

WESTERN UNION

MOTHER FATHER

12. Name.....

JOHN FRANKLIN JONES

13. Birthplace.....

FLORIDA

14. Maiden name.....

MARGARET BURNS OGELOBY

15. Birthplace.....

Florida

16. Informant.....

EDNA M. JONES

Address.....

BELTSVILLE, MD

17. Burial.....

Date thereof..... Nov. 30<sup>th</sup> 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

JONES FAMILY CEMETERY

Location.....

CALAHAN, FLORIDA

18. Funeral director.....

W. W. CHAMBERS CO.

Address.....

5801 CLEVELAND AVE - RIVERDALE, MD.

19. (Date rec'd by registrar)

Nov 27, 48 James Severy

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

MD

County.....

Prince George

City or town.....

BELTSVILLE

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

NONE

## 3. (b) Social Security Number

579-01-6610

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

November 27 1948, at 12:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that deceased from

Jan 7, 1948, to November 19, 1948,

and that I last saw him alive on Nov 26, 1948.

Immediate cause of death.....

Cirrhosis Liver

Due to.....

Chronic Alcoholism

Due to.....

Other conditions Chronic bronchitis &amp; Erysipelas

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

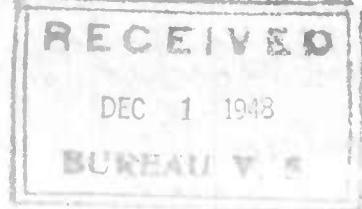
M. D. or other

Address.....

Warren M. L.

Date signed.....

11/2/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11675

## CERTIFICATE OF DEATH

Reg. Dist. No. 275

1. PLACE OF DEATH: 6119 42nd Place, Mt. Rainier  
County..... Prince Georges County

City or town..... Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Since May 8, 1948

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

MRS. ORPHA JUDY

(ORPHA JERREL JUDY)

## 3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

B. (b) Name of husband or wife.....

T. Birth date of deceased (mo., day, yr.)..... August 22nd, 1898

8. AGE: Years Months Days If less than one day  
50 3 8 hrs. min.9. Birthplace..... Flinstone, Maryland  
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... David Furlow  
13. Birthplace..... Cumberland, Maryland

14. Maiden name..... Mary Gordon

15. Birthplace..... Flinstone, Maryland

16. Informant..... Miss Nellie Judy

Address..... 6119-42nd Pl., Hyattsville, Md.

17. Removal..... Date thereof..... December 1/48  
(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Everett,

Location..... Everett, Pennsylvania

18. Funeral director..... Martin W. Hysong, Jr.  
Address..... 1300-N Street N.W., Washington, D.C.Dec 1..... 1948 James Severs  
(Date rec'd by registrar)2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland County..... Prince Georges

City or town..... Hyattsville, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 6119 42nd Place  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 30th, 1948, at 11:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
May 12, 1947, to Nov 30, 1948,  
and that I last saw her alive on Nov 30, 1948.

Immediate cause of death.....

coronary occlusion 4 hoursDue to..... arterio sclerosis & 4 yrs  
Hypertension

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Robert B. Bacon, M.D.

M. D. or other

Address..... Suite 107, Burlington Hotel Date signed 12/1/48

RECEIVED

DEC 2 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11676

## CERTIFICATE OF DEATH

Reg. Dist. No. 231

The correct age

## 1. PLACE OF DEATH:

County Prince George's

City or town Cheverly

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

6 1/2 hrs

Hospital, institution, or street address where death occurred:

Prince George's General Hospital

How long in hospital or institution?

6 1/2 hrs

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Prince George's

City or town Sandover

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

No.

## 3. (a) FULL NAME

Helmut Herbert Krenne

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife.

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

March 14, 1898

8. AGE:

Years 50

Months 8

Days 12

If less than one day

hrs. min.

9. Birthplace Dayton County, Wisconsin

(Town, county, and state)

10. Usual occupation.

Farmer

11. Industry or business

Vallmar Krenne

12. Name

Germany

13. Birthplace

Bertha Margenag

14. Maiden name

Switzerland

15. Birthplace

Raymond Krenne, Bro.

16. Informant

Sandover, Maryland

Address

Burial

Date thereof Nov. 29, 1948

(Burial, cremation, or removal. Which?)

(month)

(day)

(year)

Cemetery or crematory

Forestville Epiphany

Location

Forestville, Md.

18. Funeral director

Ritchie Bros.

Address

Upper Marlboro, Md.

19. Date rec'd by registrar

11/26/48

19

Amanda Lawrence

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 26

1948 at 1:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19...

to

19...

and that I last saw h... alive on

Immediate cause of death Massive laceration  
& contusion of brain DURATIONDue to Compound fracture  
parietal occipital area skull

Due to Kick of horse

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

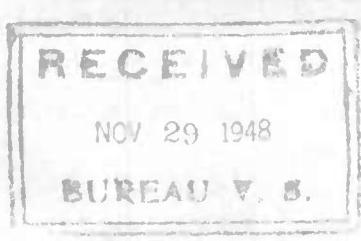
Accident, suicide, or homicide Trauma Date of 11-25-48Where did injury occur? Sandover Pr. Geo. Maryland County (State)

Injured at home, farm, industry, public place (where?)

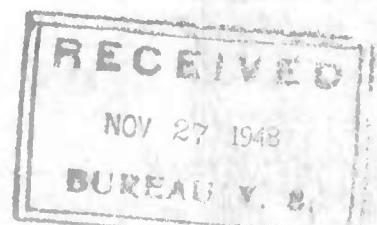
Means of injury Kicked by horse Injured at work?

23. SIGNATURE John J. Maloney, Michael J. Hearn M. D. or other

Address Cheverly-Bethesda Date signed 11-26-48







PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct percentage is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11678

Reg. Distr. No. 242

## 1. PLACE OF DEATH:

County ..... Prince George

City or town ..... Bradbury Heights

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

George Edward Martin

4. Sex ..... Male 5. Color or race ..... White 6.(a) Single, married, widowed, or divorced ..... Married

6.(b) Name of husband or wife ..... Carrie R. Haworth Martin

7. Birth date of deceased (mo., day, yr.) ..... May 28 1884

8.(c) If alive, give age ..... 49 years

8. AGE: Years ..... 62 Months ..... Days ..... If less than one day ..... hrs. ..... min.

9. Birthplace ..... Maryland

(Town, county, and state)

10. Usual occupation ..... Retired Wash. Navy Yard

11. Industry or business .....

12. Name ..... Philip Martin

13. Birthplace ..... Germany

14. Maiden name ..... Laura L. Morris

15. Birthplace ..... Maryland

16. Informant ..... Carrie Haworth Martin

Address ..... 4813 - R St. S.E.

17. Burial ..... Date thereof ..... 11-12-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory ..... Cedar Hill Cemetery

Location ..... Prince George Wash. Md.

18. Funeral director ..... Roy M. Lewis

Address ..... 1401 - 4th St. N.W.

19. Nov. 10 1948  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ..... Md.

County ..... Prince George

City or town ..... Bradbury Heights

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4813 - R St. S.E.

(If rural, give LOCATION)

2.(a) If veteran, same war ..... No

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH ..... NOVEMBER 9 1948 at 9:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 1948 to November 1948 and that I last saw him alive on November 1 1948

Immediate cause of death ..... Coronary heart disease

DURATION

3 years

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 8 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work? .....

23. SIGNATURE ..... Everett E. Carson M.D.

M. D. or other

Address ..... 4109 Block 155 Wash DC Date signed Nov 9 1948

RECEIVED

1948

RECEIVED

NOV 15 1948

BUREAU F. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11679

## CERTIFICATE OF DEATH

Reg. Dist. No. 93d 230

## 1. PLACE OF DEATH:

County: Prince George County

City or town: Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 Years

Hospital, Institution, or street address where death occurred:

Mother Jones Rock Home

How long in hospital or institution? 15 Days

## 3. (a) FULL NAME

MARTHA C. McDONALD

## 4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

white

Married

## 6.(b) Name of husband or wife

Charles E. McDonald

## 7. Birth date of deceased (mo., day, yr.)

Sept. 21 1879

6.(c) If alive, give age.....years

## 8. AGE:

Years  
69Months  
2Days  
1If less than one day  
hrs. .... min.

## 9. Birthplace

Housewife Montgomery Co. Md.

(town, county, and state)

## 10. Usual occupation

Sister Housewife

## 11. Industry or business

Some

## MOTHER FATHER

Robert H. Norton

## 12. Name

Montgomery Co. Md.

## 13. Birthplace

Eveline Headman

## 14. Maiden name

Maryland

## 15. Birthplace

Charles E. McDonald

## 16. Informant

Address

Ray Road, Chillum, Md.

## 17. Burial

Date thereof  
(month) (day) (year)

## (Burial, cremation, or removal. Which?)

Rock Creek Cemetery

## Cemetery or crematory

Location

Rock Creek Ch. Rd. &amp; Webster St., Md.

## 18. Funeral director

Address

254 Carroll St NW, Tak Park DC.

## 19. Mortician

(Date rec'd by registrar)

John D. Smith

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md.

County: Prince Geo.

City or town: Chillum

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Ray Road.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

22 Nov

19 48 at 1:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 Oct

19 48, to 11-19 19 48

and that I last saw her alive on 19 Nov

## Immediate cause of death

Hypertensive Heart Disease

DURATION

1 1/2 yrs

## Due to

## Due to

Other conditions Gangrene of the toes.

(Include pregnancy within 3 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

Ernest A. Doros M.D.

M. D. or other

Address: 6711 New Hampshire Ave. Date signed: 22 Nov 48

RECEIVED  
NOV 24 1948  
BUREAU U. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11680

## CERTIFICATE OF DEATH

Reg. Dist. No. 142

M  
The correct page6  
is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE MAINLY, WITH UNFADING INK. Supply every item of information carefully.

## 1. PLACE OF DEATH:

County: Baltimore State: GeorgiaCity or town: Concord Hills (If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 monthsHospital, institution, or street address where death occurred: 517 - 73rd Street

How long in hospital or institution?

## 3. (a) FULL NAME

John Meier

4. Sex

5. Color or race: White 6. (a) Single, married, widowed, or divorced: Widowed6. (b) Name of husband or wife: Mary Ann Meier

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age: July 20, 1861 years8. AGE: Years: 87 Months:  Days:  If less than one day: 8. Birthplace: Switzerland

(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

12. Name: Husband13. Birthplace: Switzerland14. Maiden name: Husband15. Birthplace: Switzerland16. Informant: Alfred MeierAddress: 517 - 73rd St, Concord Hills, New YorkDate thereof: Nov. 5, 1948  
(month) (day) (year)

Cemetery or crematory

Location: Washington D.C.

18. Funeral director:

Address: W.W. Chambers CoAddress: 517 - 11 Ab S.L.19. Date rec'd by registrar: Nov. 5, 1948  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Pearce GeorgiaCity or town: Concord Hills (If outside city or town limits, write RURAL and give nearest town)Street No.: 517 - 73rd Street (If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 5 1948 at 5:25 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19.and that I last saw h. alive on 19.Immediate cause of death: Acute congestive heart failureDue to: cardiovascular renal diseaseDue to: Other conditions: 

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.: 

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide:  Date of: Where did injury occur?  (City or town)  (County)  (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?Injured at work? Yes No Don't know23. SIGNATURE: Carrie F. CampbellAddress: Presbyterian Hospital Date signed: 1-5-48



PLEASE WRITE MAINLY, WITH UNFADING INK. Supply every item of information carefully and legibly. Corrective page  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11681

159

Reg. Dist. No. 231

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

Prince Georges

County..... City or town..... Cheverly, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 hrs. 32 hours

Hospital, institution, or street address where death occurred:

Prince Georges General Hospital

How long in hospital or Institution?

2 hrs. 32 hours

## 3. (a) FULL NAME

Meredith

## 4. Sex

Male

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

New-born

## 6.(b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

November 16, 1948 c 14 am

6.(c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

/ 8 hrs. / min.

## 9. Birthplace

Prince Georges General Hospital

(Town, county, and state)

## 10. Usual occupation

New born

## 11. Industry or business

## MOTHER FATHER

## 12. Name

Marian W. Meredith

## 13. Birthplace

TARZEWELL, V.A.

## 14. Maiden name

Elinor Inscoe

## 15. Birthplace

WASH. D.C.

## 16. Informant

Mother -

Address 5005 Eutan H- Berwyn, Md

## 17. Cremation

(Burial, cremation, or removal. Which?)

Date thereof 11/19/48  
(month) (day) (year)

Cemetery or crematory Prince Georges General Hospital

Location Cheverly, Md.

## 18. Funeral director

9.7. Beale, Agent.

Address Cheverly, Md.

## 19. Mar 22 1948

(Date rec'd by registrar)

Amanda Dorothy

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County Prince Geo.

City or town DERWYN (If outside city or town limits, write RURAL and give nearest town)

Street No. 5005 EUTAU PL

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 17 November 1948 at 9 1/2 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 16 1948 to 1948 10 AM to 1 PM

and that I last saw h. in alive on 1948

Immediate cause of death Delectivity

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

J. A. Chernesky, M.D. or other

Address College Park, Md. Date signed 10/17/48



11682

Reg. Dist. No. 265

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH 93d

The correct age  
carefully.

## 1. PLACE OF DEATH:

Prince Georges Co  
Hyattsville Md

County or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Mollie Jones Rest Home

How long in hospital or institution?

## 3. (a) FULL NAME

Elizabeth

4. Sex

5. Color of eyes

6. (a) Single, married, widowed, or divorced

Jew.

White

Widow

Theodore Moore

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years  
78Months  
0Days  
✓

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Benjamin Meyers

12. Name

MOTHER FATHER

New York

13. Birthplace

Elizabeth Paltz

14. Maiden name

New York

15. Birthplace

Margaret D Moore

16. Informant

Address Charleslown Md Va

Burial

(Burial, cremation, or removal? Which?)

Date thereof Nov. 25 1948  
(month) (day) (year)

Cemetery or crematory

Charleston

West Va

Location

St Gascha song

18. Funeral director

Address Hyattsville Md

Nov. 25 1948 James Davis

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

West Va Jefferson

Pocahontas County

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No.

—

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

Moore

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

Nov 22 1948 at 7:45 AM

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from

Nov 9 1948 to Nov 22 1948

and that I last saw her alive on Nov 22 1948

## Immediate cause of death

Right Stem phlegia

Due to Cardiac vascular Disease  
Gastritis & Hypertension

Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

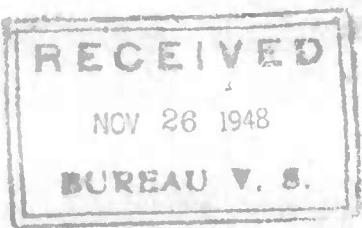
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Howard T. Moore M.D.  
28 Carroll Ave Oklahoma Park, Md Date signed 11/23/48  
M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11683

## CERTIFICATE OF DEATH

131a  
Reg. Dist. No. 225

1. PLACE OF DEATH:  
County..... P.R. Geo. Co.

City or town..... HYPATTSVILLE  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 28 MOS.

Hospital, institution, or street address where death occurred:  
..... SHERED HEART HOME

How long in hospital or institution?..... 26 MOS.

3. (a) FULL NAME  
Sallie W Mudd

4. Sex..... FEMALE 5. Color or race..... WHITE 6.(a) Single, married, widowed, or divorced..... WIDOW

6.(b) Name of husband or wife..... Thomas N.

7. Birth date of deceased (mo., day, yr.)..... OCT. 8, 1859 8. (c) If alive, give age ..... years

8. AGE: Years..... 89 Months..... 1 Days..... 20 If less than one day..... hrs..... min.

9. Birthplace..... P.R. Geo. Co., MARYLAND  
(Town, county, and state)

10. Usual occupation..... HOUSEWIFE

11. Industry or business.....

12. Name..... THOMAS O. WILSON

13. Birthplace..... MONT. CO., MARYLAND

14. Maiden name..... SARAH BONIFANT

15. Birthplace..... MONT. CO., MARYLAND

16. Informant..... THOMAS N. MUDDE, JR.

Address..... 9317 - COLESVILLE ROAD

17. Date thereof..... DEC. 1, 1945  
(Burial, cremation, or removal. Which?)  
(month) (day) (year)

Cemetery or crematory..... HOLY ROSARY CEMETERY

Location..... ROSEMARYVILLE, MARYLAND

18. Funeral director..... JAMES T. RYAN, INC.

Address..... 39, Penns. Ave., S.E.

19. Date rec'd by registrar..... Dec 29 1945 James Seay  
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... MARYLAND County..... MONTGOMERY

City or town..... SILVER SPRING  
(If outside city or town limits, write RURAL and give nearest town)

Street No..... 9317 COLESVILLE ROAD

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH..... NOV 28 1945

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

NOV 1 1945 to NOV 28 1945

and that I last saw her alive on NOV 27 1945

Immediate cause of death.....

Cardio - arterial

reptuss seborrheus

DURATION..... 1 year

Due to.....

Due to.....

Other conditions..... Edema, pleuris.

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... James T. Ryan, Inc.

M. D. or other

Address..... 35, N.Y. Ave NW Date signed..... Nov 28 1945

MEMORANDUM FOR THE DIRECTOR

DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGON, D. C.

RECEIVED

DEC 2 1948

BUREAU F. B. I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11684

245

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Prince GeorgeCity or town Riverdale, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above piece of death?

Hospital, institution, or street address where death occurred:

We Larch Memorial HospitalHow long in hospital or institution? 3 days

## 3. (a) FULL NAME

Edith Mullins

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

married

## 6. (b) Name of husband or wife

Emory Johnson6. (c) If alive, give age 50 years

## 7. Birth date of deceased (mo. day, yr.)

February, 1921

## 8. AGE:

Year

Month

Day

If less than one day

hrs.

min.

## 9. Birthplace

Sneedsville, Hancock, Tenn.  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

none

## MOTHER FATHER

12. Name Emory Johnson13. Birthplace Sneedsville, Hancock, Tenn.14. Maiden name Emory Johnson15. Birthplace Sneedsville, Hancock, Tenn.16. Informant Emory JohnsonAddress Jessup, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.

Dec 4, 1948  
(month) (day) (year)Cemetery or crematory Lin Culver ChapelLocation Clark's Villa, Howard Co.18. Funeral director Ridgely KellyAddress 401 Wash. Ave, Laurel Md

19. Date rec'd by registrar

Dec. 3

1948

James Berry

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Jessup

(If outside city or town limits, write RURAL and give nearest town)

Street No. Jessup, Maryland

(If rural, give LOCATION)

2.(a) If veteran, name w/

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

30 NOVEMBER 1948 at 11:39 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

27 NOVEMBER 1948 to 30 NOVEMBER 1948and that I last saw her alive on 30 NOVEMBER 1948

## Immediate cause of death

POST PARTUM HEMORRHAGE

DURATION

2 HRS

## Due to

## Due to

Other conditions PREGNANCY7 1/2 MOS

(Include pregnancy within 3 months of death)

## Major findings at operations

Date of op.

Autopsy results None PERFORMED

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

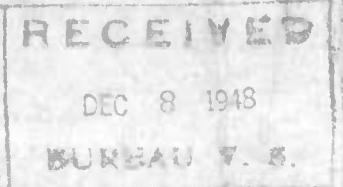
Means of injury

Injured at work?

23. SIGNATURE Thomas R. Ulrich MD

M.D. or other

Address 322 Prince George St. Date signed 30 Nov 48



**M**  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11685

## CERTIFICATE OF DEATH

Reg. Dist. No. 243.

## 1. PLACE OF DEATH:

County..... Prince Georges  
City or town..... Glenn Dale, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr., 11 mos., 10 days

Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution? 1 yr., 11 mos., 10 days

## 3. (a) FULL NAME

SARAH NEAL

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

Negro

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

June 26, 1924

8. (c) If alive, give age. - - years

8. AGE:

Years

Months

Days

Date

If less than one day

24

24

4

18

hrs.

min.

9. Birthplace

Leonardtown, Maryland

(Town, county, and state)

Clerk

10. Usual occupation

11. Industry or business

12. Name

Leonard Neal

13. Birthplace

Leonardtown, Maryland

14. Maiden name

Gertrude Barnes

15. Birthplace

Leonardtown, Maryland

16. Informant

Deceased

Address

17. Removal  
(Burial, cremation, or removal. Which?)Date thereof Nov. 13, 1948  
(month) (day) (year)

Cemetery or crematory

Location Leonardtown, Md.

18. Funeral director

W. C. Mattingley Sons

Address

Leonardtown, Md.

19. Nov. 13, 1948  
(Date rec'd by registrar)

Rowland S Phillips

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C.

County.....

Washington

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No. 513 M. St., N. W., Apt. #3

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 13 1948 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 2, 1946, to Nov. 13, 1948

and that I last saw her alive on Nov. 12, 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

2 yrs. 3 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

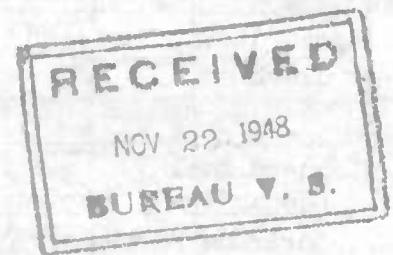
Meane of injury

Injured at work?

23. SIGNATURE Daniel Leo Pinuccio MD

M. D. or other

Address Glenn Dale, Md. Date signed Nov. 13, 1948



PLEASE WRITE FAIRLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11686

## CERTIFICATE OF DEATH

100b  
Reg. Dist. No. 231

1. PLACE OF DEATH: Prince George  
 County: Prince George  
 City or town: Chesapeake  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 16 hrs. 35 min.  
 Hospital, Institution, or street address where death occurred: Prince George General  
 How long in hospital or institution? 16 hrs. 35 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State: Md County: Pr. George  
 City or town: University Park  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.: 4418 Underwood St  
 (If rural, give LOCATION)

## 3. (a) FULL NAME

Newman, Trillie R  
 4. Sex F 5. Color or race White 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) June 1, 1874 6. (c) If alive, give age ..... years

8. AGE: Years 74 Months 5 Days  If less than one day  hrs.  min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Benjamin Roat

12. Name Benjamin Roat

13. Birthplace Pa

14. Maiden name Trillie Roat

15. Birthplace Pa

16. Informant Benjamin E. Anderson, son

Address 4418 Underwood St. University Park

Burial Burial Date thereof 1-14-48

(Burial, cremation, or removal. Which?)

Cemetery or crematory Wash. Natl. Cemetery

Location Grav. lot 12. sect. 11

18. Funeral director Surv. Service Co.

Address Prince George - sec'd

19. Date rec'd by registrar Mar 8<sup>th</sup> 1948

(Date rec'd by registrar)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11-2 1948 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-15 1948 to 11-2 1948

and that I last saw her alive on 11-1 1948

Immediate cause of death Extensive Thrombophlebitis DURATION

Due to of RT. leg.

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings or operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Date of .....

Where did injury occur? .....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work? .....

23. SIGNATURE DR. R. W. D. M. D. or other

Address Hartelle St Date signed 11-2-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11687

M

## CERTIFICATE OF DEATH

Reg. Dist. No. 242

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

30 Days

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

Apr. 28, 1870

8. AGE:

Years      Months      Days      If less than one day

78      7      6      hrs.      min.

9. Birthplace

Town, county, and state

10. Usual occupation

Retired

11. Industry or business

Jenny Newson

12. Name

Jenny Newson

13. Birthplace

Newark

14. Maiden name

Frannie Nicholson

15. Birthplace

Newark

16. Informant

Mittie Hudson

Address

5501 Silver Hill Rd.

17. Burial

Date thereof (month) (day) (year)

(Burial, cremation, or removal, which?)

Cemetery or crematory

Location

Lellton Newark

18. Funeral director

H. Chamberlin

Address

517-11 St SE

19. Nov. 23 1948

(Date rec'd by registrar)

Carrie F. Campbell

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 11 1948 to Nov. 19 1948

and that I last saw h. m. alive on Nov. 19 1948

Immediate cause of death

Acute Cardiac Failure

Due to Chronic Myocarditis  
E valvular disease.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

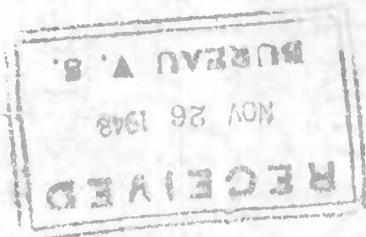
23. SIGNATURE

M. D. or other

Address 3800 S. Capitol St. Date signed 11/23/48

I am licensed in D.C.

Also licensed in Md. Dec. 27, 1933; but have not  
registered in Md. Coroner notified & OK'd death  
certificate Max E Friedman M.D. 11/23/48.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170c

11688

## CERTIFICATE OF DEATH

Reg. Dist. No. 231

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Hyattsville Hills  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? DeceasedHospital, institution, or street address where death occurred:  
Highway & Lindbergh Road.

How long in hospital or institution?

## 3. (a) FULL NAME

Annie Oliver

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female colored separated  
 Name of husband or wife Sander Oliver

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 26 yearsDec 25, 1923

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Wedgefield South Carolina  
Town, county, and state)

10. Usual occupation.

Housewife

11. Industry or business

MOTHER FATHER  
 12. Name Louie Brown  
 13. Birthplace Wedgefield South Carolina

14. Maiden name Rachel Brown  
 15. Birthplace Wedgefield South Carolina

16. Informant Lilly May Oliver  
 Address 1000 M St N.W. Washington D.C.  
 Removal Removal Date thereof Nov 28, 1948

17. (Burial, cremation, or removal. Which?) Cemetery or crematory Smith Funeral Home  
 Location 112 J-19 St N.W. Washington D.C.

18. Funeral director J. Grotti sons  
 Address Hyattsville Md.

19. (Date rec'd by registrar) Nov 28, 1948 Annabel Droney  
 Address Cherryly Hyattsville Registrar John J. Malony M.D. or other  
 (Date signed) 11-26-48

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore  
 City or town Washington D.C.  
(If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1661 - Rosedale St N.E.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 25, 1948 at 10:08 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on 19.

Immediate cause of death

Fracture - dislocation of 4th cervical vertebra

Due to

Automobile accident

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

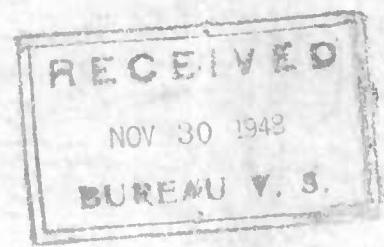
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11-25-48Where did injury occur? (City or town) Hyattsville (County) Maryland (State) Md.Injured at home, farm, industry, public place (where?) Public HighwayMeans of injury Auto - accident Injured at work? No

## 23. SIGNATURE

John J. Malony, M.D.  
 Address Cherryly Hyattsville Date signed 11-26-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11689  
46d

## CERTIFICATE OF DEATH

Reg. Dist. No. 214

## 1. PLACE OF DEATH:

County *Prince Geo County*  
 City or town *Takoma Park Md*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? *34 days*

## 3. (a) FULL NAME

*Sarah Janie Perkins*4. Sex *F* 5. Color or race *W* 6.(a) Single, married, widowed, or divorced *Married*

8.(b) Name of husband or wife \_\_\_\_\_ 6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) *Sept 12, 1880*8. AGE: Years *68* Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace *E.* (Town, county, and state)10. Usual occupation *House Wife*11. Industry or business *unknown*12. Name *unknown*13. Birthplace *Perkins*14. Maiden name *Perkins*15. Birthplace *Perkins*16. Informant *Mrs Kenneth Linnison*Address *1434 A St. N. E.*17. Removal Date thereof *11-3-48*  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory *East Cemetery, Ohio*Location *Ashland, Ohio*18. Funeral director *M. W. Lambino Co*Address *1400 Chapman St. N.W.*19. *11-3-48 Josephine Schaeffer*

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *D.C.* County \_\_\_\_\_City or town *WASH*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *1434 A ST NE*

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH *11-3-48* 19 *48* at *9:45 AM*21. I CERTIFY that death occurred on the date above stated; that *Attended deceased from Oct 3 to Oct 13 - 1948*and that I last saw her *alive* on *Oct 13, 1948* 19 *48*Immediate cause of death *Concrectum & abdominal cecum*Due to *Spontaneous abortion*

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations *O*

Date of op. \_\_\_\_\_

Autopsy results *O*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

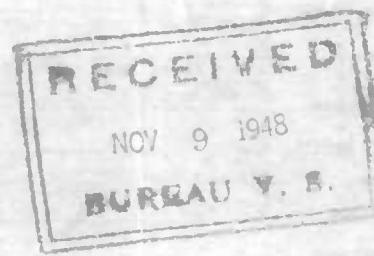
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE *R. A. Holton M.D.* M. D. or other \_\_\_\_\_Address *500 K Street NW* Date signed *11/5/68*

Con-43 ✓  
at 6700



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11691

## CERTIFICATE OF DEATH

Reg. Dist. No.

131a

245

## 1. PLACE OF DEATH:

County. PRINCE GEORGE COUNTY

City or town. HYATTSVILLE

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Ten Minutes

Hospital, Institution, or street address where death occurred:

5802 Baltimore Avenue

How long in hospital or institution? —

## 3. (a) FULL NAME

ORBY O PHILLIPS

## 3. (b) Social Security Number

578-10-1441

4. Sex

MALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

MARRIED

8. (b) Name of husband or wife

MARY COOPER PHILLIPS

6. (c) If alive, give age 58 years

7. Birth date of deceased (mo. day, yr.)

June 20, 1894

8. AGE: Years

54

Months

5

Days

6

If less than one day

hrs. min.

9. Birthplace

Hinton, West Virginia

(Town, county, and state)

10. Usual occupation. FUNERAL DIRECTOR AND EMBALMER

11. Industry or business W.W. CHAMBERS CO. Riverdale, Md.

MOTHER FATHER

12. Name. Joseph Phillips

13. Birthplace

Virginia

14. Maiden name. Cora Meadows

15. Birthplace Hinton, West Virginia

16. Informant. Mrs. Mary Cooper Phillips

Address 5801 Cleveland Ave, Riverdale, Md.

17. BURIAL

(Burial, cremation, or removal. Which?)

Date thereof Nov. 18, 1948  
(month) (day) (year)

Cemetery or cemetery

ROCK CREEK CEMETERY

Location

WASHINGTON D.C.

18. Funeral director

John D. Chambers Co

Address

5801 Cleveland Ave, Riverdale, Md.

Nov. 16

1948 James Berry

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND

County PRINCE GEORGE

City or town. Riverdale Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5801 CLEVELAND AVENUE

(If rural, give LOCATION)

2.(a) If veteran, name war

NONE

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 16, 1948, at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19. . . . to . . . . 19. . . .

and that I last saw him alive on . . . .

Immediate cause of death

Aortic cardiac dilatation

DURATION

Due to. Cardiac-vascular renal disease.

Due to. . . .

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. . . .

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. . . . Date of . . . .

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) . . . .

Means of injury

Injured at work?

23. SIGNATURE. John D. Malone, Deputy Med. Examiner  
M. D. or other

Address. Chevy Chase, Maryland Date signed Nov. 16, 1948





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11690

## CERTIFICATE OF DEATH

1958  
Reg. Dist. No. 231

## 1. PLACE OF DEATH:

County Prince George's

City or town Cheverly

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 63 days, 8 hours, 15 min.

Hospital, institution, or street address where death occurred:

Prince George's General Hospital

How long in hospital or institution? 63 days, 8 hours, 15 mins.

## 3. (a) FULL NAME

JOAN  
Jacqueline Pindell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

9-4-48

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

2

I

hrs.

min.

9. Birthplace Cheverly, Prince George's, Md.

(Town, county, and state)

10. Usual occupation.....

none

11. Industry or business

12. Name Douglas B Pindell

13. Birthplace FULTON, Md.

14. Maiden name SHIRLEY MILNER

15. Birthplace BALTIMORE, Md.

16. Informant Douglas B Pindell

Address RFD #1, Laurel, Md.

17. Burial Date thereof 2/1/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory ST. MARKS CEMETERY

Location HIGHLAND, Md.

18. Funeral director Arthur Walter Funeral Home

Address 505 Washington Blvd, Laurel, Md.

19. Son (e) 48 Amanda Horwitz

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Laurel

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D. 1

(If rural, give LOCATION)

2.(a) Is veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1948 at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death

Bilateral Atrial Tachycardia

DURATION

Contributory; Anesthetic Shock

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

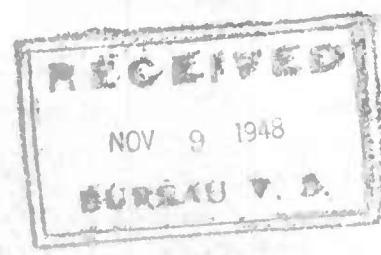
Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE John J. Maloney, M.D. or other

Address Cheverly Hyattsville Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11692

## CERTIFICATE OF DEATH

Reg. Dist. No. 46b 245

## 1. PLACE OF DEATH:

County: Prince George  
 City or town: Riverdale, Md - Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 days

Hospital, Institution, or street address where death occurred:

Elmwood Memorial Hosp.

How long in hospital or institution? 13 days

## 3. (a) FULL NAME

Mrs Anna Selma Purchinitz

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Henry Purchinitz

8. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.)

April 3rd 1887

8. AGE:

Years  
61Months  
7

Days

If less than one day

hrs. min.

9. Birthplace

Medford Wis.

(Town, county, and state)

10. Usual occupation.

Hue

11. Industry or business

MOTHER FATHER

12. Name

Henry Ram

13. Birthplace

Medford, Wis.

14. Maiden name

Annie Ram Turner

15. Birthplace

Medford Wisconsin

16. Informant

Mrs H. S. Purchinitz

Address

3603 Vernon St. Brentwood

Burial

Date thereof Nov 26, 1948

(month) (day) (year)

(Burial, cremation, or removal, Which?)

Cemetery or crematory Mt Oak

Location

Mitchellville Md

18. Funeral director

L. Gasch's sons

Address

Hyattsville Md

19. (Date rec'd by registrar)

1948

James Seay

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Prince George

City or town: Ritchie, Md.

Street No. 7122 Ritchie Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

11-23

1948 at 9:50 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 1948 to Nov 23 1948  
and that I last saw her alive on Nov 23 1948

Immediate cause of death

Carcinoma of Stomach

DURATION

8 mos

Due to

Due to

Other conditions

Congestive Heart Failure 2 days

(Include pregnancy within 3 months of death)

Major findings or operations

Carcinoma of Stomach

with obstruction of esophagus Date of op. Nov 18, 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

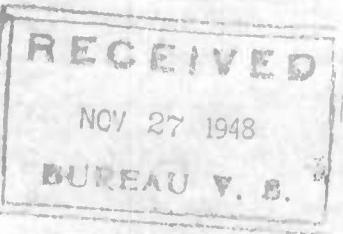
Injured at work?

23. SIGNATURE

L W Malin MD M. D. or other

Address: Riverdale, Md. Date signed: Nov 24, 1948

Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of death, give age correctly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11693

159  
Reg. Dist. No. 248

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Prince Georges

City or town Riverdale

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 hrs

Hospital, Institution, or street address where death occurred:

Englewood Island Memorial Hosp.

How long in hospital or institution? 23 hrs

## 3. (a) FULL NAME

Don Ramirez

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

infant

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Nov. 2, 1948

6. (c) If alive, give age years

## 8. AGE:

Years

Months

Days

If less than one day

23 hrs. — min.

## 9. Birthplace

Englewood Island Memorial Hosp. Riverdale

(Town, county, and state) Md

## 10. Usual occupation

## 11. Industry or business

MOTHER FATHER

12. Name Henry William Ramirez

13. Birthplace Oklahoma

14. Maiden name Mary Frances Sunder

15. Birthplace Iowa

## 16. Informant Henry William Ramirez

Address Cresent Cottages Laurel Md.

Burial

Date thereof Nov 4, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or cemetery

Evergreen Bladensburg Md

Location

L Gasche sons Hyattsville Md

## 18. Funeral director

Address

Hyattsville Md

19. Nov 4

(Date rec'd by registrar)

19 48 James Berry

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Montgomery

City or town Laurel

(If outside city or town limits, write RURAL and give nearest town)

Street No. Crescent Cottages

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

Nov 3

19 48, at 3<sup>12</sup>

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 2, 1948, to Nov 3, 1948

and that I last saw him alive on Nov 2, 1948

## Immediate cause of death

Premature Birth

Due to

Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

11-73 James Berry M. D. or other

Laurel Md Date signed 11-3-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11694

## CERTIFICATE OF DEATH

93d  
Reg. Dist. No. 231

## 1. PLACE OF DEATH:

County Prince George

City or town Fairmount Hts

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

6113 Kolb St

How long in hospital or institution?

## 3. (a) FULL NAME

William Preston Rice

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Negro

Widowed

## B. (b) Name of husband or wife

Josephine Rice

7. Birth date of deceased (mo., day, yr.)

ABT 1869

6. (c) If alive, give age .....

years

## 8. AGE:

Years 79

Months

Days

If less than one day

.hrs. .min.

## 9. Birthplace

Harrisonburg, Va

(Town, county, and state)

## 10. Usual occupation

Carpenter

## 11. Industry or business

## FATHER

12. Name Benji Rice

## 13. Birthplace

Harrisonburg, Va

## MOTHER

14. Maiden name Not Known

## 15. Birthplace

Gilbert M. Rice

## 16. Informant

Address

1320 - R St. N.W.

## 17. Removal

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

## Cemetery or crematory

Paynes

dec 2 / 48

## Location

Benning Rd.

## 18. Funeral director

John W. Bent M.D.

## Address

1125-19th St. N.W.

## 19. (Date rec'd by registrar)

11/30 1948

Amanda Deuray

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Prince Geo

City or town Fairmont Hts

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6113 Kolb St

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

November 28 1948 at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 23 1948 to Nov 28 1948

and that I last saw him alive on Nov 11

1948

Immediate cause of death Pulmonary

Congestion

Due to Cardiac Failure

Due to Hypertensive Heart

Disease

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

## 23. SIGNATURE

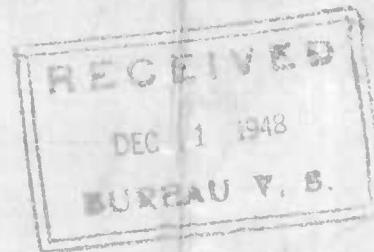
M. D. or other

Address 515 Eastern Ave

Date signed

Fairmont Hts. 11-28-48

6981  
62  
8461



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11695

## CERTIFICATE OF DEATH

46 b  
Reg. Dist. No. 245

## 1. PLACE OF DEATH:

County *Prince Georges*  
 City or town *Brentwood Md*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *49 years*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

*Margaret Frances Roberts*

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

Married

6. (b) Name of husband or wife

*Everett H. Roberts*

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age .....

years

*July 13 - 1865*

8. AGE:

Years

Month

Day

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

*Housewife*

11. Industry or business

*Timothy Stonohoe*

MOTHER FATHER

12. Name

*New York*

13. Birthplace

14. Maiden name

*Ellen Morrison*

15. Birthplace

*Massachusetts*

16. Informant

*Mrs. Marguerite Miller*

Address

*Brentwood Md*

17. Burial

Date thereof *Nov 22, 1948*

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

*Lt Lincoln*

Location

*Colmar Manor Md*

18. Funeral director

*S. Gasch's Son*

Address

*Fairfaxville Md*

Date rec'd by registrar

*Nov 22 1948 James Seay*

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

For newborn infants give residence of mother)  
 State *Maryland* County *Prince Georges*

City or town *Brentwood* (If outside city or town limits, write RURAL and give nearest town)Street No. *4008 Shepherd st* (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

*none*

## MEDICAL CERTIFICATION

20. DATE OF DEATH

*Nov 19, 1948 at 12:45 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Jan 10 1948 to Nov 19 1948* and that I last saw her alive on *11/17 1948*

Immediate cause of death

*Cancer stomach*

DURATION

*1 yr*

Due to

Due to

Other conditions *Examination**3 min*

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE *P.W. Lankham MD*

M. D. or other

Address *3100-20 NE* Date signed *11/20/48*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1169

239

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County.....

George George

City or town.....

Laurel

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Thirty Minutes

Hospital, institution, or street address where death occurred:

Warren Hospital

How long in hospital or institution?.....

## 3. (a) FULL NAME

Albert M. Robinson

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Oct 30 1922

8. AGE: Years      Months      Days      If less than one day

26      0      15      hrs.      min.

9. Birthplace.....

Baltimore, Md.

(Town, county, and state)

10. Usual occupation.....

Laborer

11. Industry or business

George Robinson

12. Name.....

George Robinson

13. Birthplace.....

North Carolina

14. Maiden name.....

Carrie Clark

15. Birthplace.....

Mayland

16. Informant.....

George Robinson

Address.....

Laurel, Md. B. F. O.

17. Burial.....

Date thereof.....

Nov 20 1948  
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Belt National Cemetery

Location.....

Near Catonsville, Md.

18. Funeral director.....

Ridgely Selby

Address.....

401 Wash Ave, Laurel, Md.

19. (Date rec'd by registrar)

Nov 19 1948 M. Brashears

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Howard

City or town.....

High Ridge

Laurel, Md. B. F. O.

Street No.....

(If rural give LOCATION)

2.(a) If veteran, name war.....

World War #11

## 3. (b) Social Security Number

217-14-2043

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 16 1948 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/16 1948 to 11/16 1948

and that I last saw him alive on 11/16 1948

Immediate cause of death.....

Acute laryngotracheo -  
bronchitis

Due to..... Streptococcal infection

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? .....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

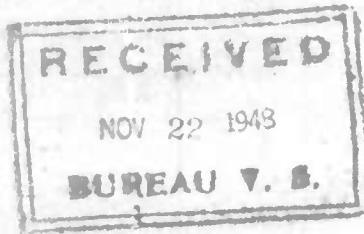
## 23. SIGNATURE

A. Stephens, M.D.

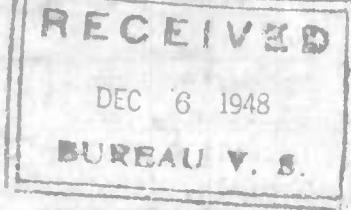
M. D. or other

Address..... Laurel, Md. Date signed..... 11/16/48

Registrar







100 pages

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11698

## CERTIFICATE OF DEATH

94a  
Reg. Dist. No. 245

## 1. PLACE OF DEATH:

Prince Georges  
County  
RiverdaleCity or town  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 yrs.

Hospital, Institution, or street address where death occurred:

Eugene Leland Memorial Hospital

How long in hospital or institution? 9 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Prince Georges  
State CountyCity or town  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4502 Riverdale Road

(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (b) Social Security Number

## 3. (a) FULL NAME

Scott, Mr. William Edward, Sr.

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Elsie Herron Hamill Scott

7. Birth date of deceased (mo. day, yr.) February 7, 1901 6.(c) If alive, give age 49 years

8. AGE: Years Months Days If less than one day  
47                     hrs.      min.9. Birthplace Walden, New York  
(Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Veteran's Administration

12. Name Walter F. Scott

13. Birthplace New York

14. Maiden name Emma F. Minard

15. Birthplace New York

16. Informant Hospital Records as given on admission

Address

17. Burial Burial Date thereof Nov 16, 1948  
(Burial, cremation, or removal, Which?) Cemetery or cemetery St. Lincoln CemeteryLocation Colmar Manor Md  
Z Gasche cone

18. Funeral director Hyattsville Md.

Address

19. (Date rec'd by registrar) Nov 16 1948 James Seay Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 14, 1948 at 8:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 5, 1948, to Nov. 14, 1948  
and that I last saw him alive on Nov. 13, 1948

Immediate cause of death

Acute pulmonary edema  
Duration 2 daysDue to Coronary insufficiency  
1 yr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

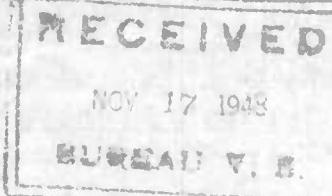
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. A. Scharffenberg, M.D. or other

Address 4404 Queensbury Rd., Riverdale, Md. Date signed Nov. 14, 1948





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11699

## CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: Prince Georges  
County.....  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1 yr., 7 mos., 16 days  
Hospital, Institution, or street address where death occurred:  
Glenn Dale Sanatorium  
How long in hospital or institution? 1 yr., 7 mos., 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... D. C. County.....  
City or town..... Washington  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 2925 Stanton Road, S. E.  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

WILLIE MAE SEWELL

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife..... John H. Sewell

7. Birth date of deceased (mo., day, yr.) March 28, 1899

8. (c) If alive, give age 58 years

8. AGE: Years	Months	Days	If less than one day
49	49	7	14 hrs. min.

9. Birthplace..... Commerce, Georgia  
(Town, county, and state)  
Housewife

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER	12. Name	John Wesley Segar
	13. Birthplace	Commerce, Georgia

MOTHER FATHER	14. Maiden name	Mary Butler
	15. Birthplace	Commerce, Georgia

16. Informant..... Deceased

Address.....

17. Removal (Burial, cremation, or removal. Which?) Burial therefrom..... Nov. 12, 1948

(month) (day) (year)

Cemetery or crematory.....

Location..... Washington, D.C.

18. Funeral director..... Walter E. Hunter Co.

Address..... 2425 Sheridan Rd., S.E.

19. Nov. 12, 1948 (Date rec'd by registrar)

Registrar

## 3. (b) Social Security Number

578-26-4046

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov. 11, 1948, et al. 3:05 p.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 25, 1947, to Nov. 11, 1948,

and that I last saw her alive on Nov. 11, 1948.

Immediate cause of death.....

Pneumonia &amp; cerebral edema

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings at operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

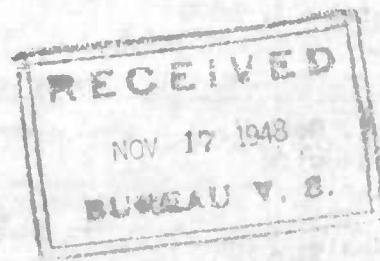
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Finegan M.D.

M. D. or other

Address..... Glenn Dale, Md. Date signed..... 11/11/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for correction of  
age shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11700

Film #118, November 17, 1948

## CERTIFICATE OF DEATH

93d  
Reg. Dia. No. 242

1. PLACE OF DEATH:  
County Prince Georges  
City or town Upper Marlboro, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 68 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Prince George  
City or town Upper Marlboro, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)

3. (a) FULL NAME

Methissa Augustus Simmons

4. Sex Male 5. Color or race colored 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Georgia Anna Simmons

7. Birth date of deceased (mo., day, yr.) April 2, 1864 6. (c) If alive, give age — years

8. AGE: Years 85 Months 84 Days  If less than one day  hrs.  min.

9. Birthplace White Marsh, Md - Dr. Hes. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business at home

MOTHER FATHER 12. Name Addison Simmons

13. Birthplace White Marsh, Md.

14. Maiden name Louise Brevoy

15. Birthplace Pr. Leg Co. Md

16. Informant Harold Simmons

Address Upper Marlboro, Md

17. Burial Date thereof 11-9-1948 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory MT. CARMEL CEMETERY

Location UPPER MARLBORO, MD.

18. Funeral director Robert E. McGuire

Address 1820-9 St. N.W. Wash, D.C.

19. Nov. 7 1948 Carrie F. Campbell

(Date rec'd by registrar)

Registrar

3. (b) Social Security Number

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1948 at 4:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1948 to Nov 6 1948 and that I last saw him alive on Nov 6 1948

Immediate cause of death Acute Congestive heart failure + Cardiac Asthma  
Due to Chronic nephritis OURATION 1 day  
cardiac  
failure

Due to General Arteritis  
celiac  
reflux

Other conditions —  
(Include pregnancy within 8 months of death)

Major findings of operations — Date of op. —

Autopsy results none PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causee, fill in the following:

Accident, suicide, or homicide. Date of —

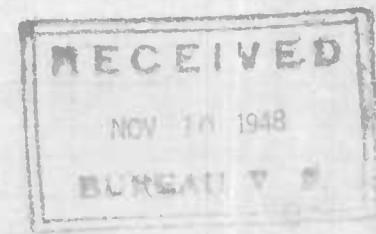
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dorothy M. Hattie M. D.

Address Washington 1900 Date signed Nov 6 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11701

## CERTIFICATE OF DEATH

Reg. Dist. No. 245

## 1. PLACE OF DEATH:

County PLINGE GEORGESCity or town HYATTSVILLE

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

JESSICA-GRIFFITH-SMITH

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

white

Married

8. (b) Name of husband or wife

Charles Henry Smith

7. Birth date of deceased (mo., day, yr.)

March 31st 1891

6.(c) If alive, give age

years

8. AGE:

Years

Months

Days

Less than one day

57

7

6

hrs.

min.

9. Birthplace

Town, county, and state)

Washington D. C.

10. Usual occupation

Housewife

11. Industry or business

12. Name

Name of

James Edward Griffith

13. Birthplace

Virginia

14. Maiden name

Name of

Ella May Hall

15. Birthplace

Name of

Long Island N.Y.

16. Informant

Name of

Charles C. Smith

17. Burial

Name of

Date thereof Nov. 2nd 1948

(Burial, cremation, or removal; Which?)

(month) (day) (year)

Cemetery or crematory

Name of

Columbia Gardens

Location

Name of

Arlington, Va.

18. Funeral director

Name of

R. J. Clues

Address

Name of

2847 Wilson Blvd. Arlington, Va.

19. (Date rec'd by registrar)

Nov 7 1948 James Seery

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia

County

ArlingtonCity or town Arlington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1413 N. Barton St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 7, 1948 at 1:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from OCTOBER 21, 1948, to NOVEMBER 7, 1948and that I last saw her alive on NOVEMBER 6, 1948.

Immediate cause of death

DIABETES MELLITUS

DURATION

15 yearsDue to Chronic cardiovascular disease -3 years

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

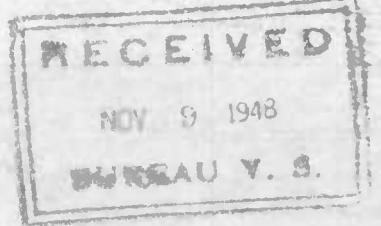
Injured at work?

23. SIGNATURE

Louis Mendel, M.D.

M. D. or other

Address College Park, Md. Date signed 11/7/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: Md. P.G.

County.

City or town. Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

905-Nelson Ave.

How long in hospital or institution?

3. (a) FULL NAME

Lula J. STULTZ

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F w. Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

1874

8. AGE: Years

Months

Days

If less than one day

74      ..... hrs.      ..... min.

9. Birthplace

Berwyn, Va

(Town, county, and state)

10. Usual occupation.

House-Wife

11. Industry or business

MOTHER FATHER

12. Name George Steps13. Birthplace Va14. Maiden name Angeline Moyers15. Birthplace Va16. Informant Mrs. Charles HopkinsAddress 905-Nelson Ave., Hyattsville, Md.17. Burial BurialDate thereof Dec 23 1948  
(month) (day) (year)

Cemetery or crematory

Location Berwyn, Va

18. Funeral director

Address 1400-Chapin St., Hyattsville, Md.Date rec'd by registrar Nov 23 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County Hyattsville

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No. 905-Nelson Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 2 1948 to Nov 23 1948 at 4:52 P.M.and that I last saw her alive on Sept 1 1948 at 4:58 P.M.

Immediate cause of death

Cannulation of colon

DURATION

3 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

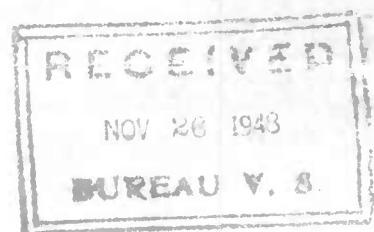
Injured at work?

23. SIGNATURE Henry Goldby

M. D. or other

Address 250 1st St.Date signed Nov 23 1948

Dr Malone  
as per  
Kingsville  
Nov 26 48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11703

## CERTIFICATE OF DEATH

Reg. Dist. No. 107

## 1. PLACE OF DEATH:

County..... Prince Georges  
City or town.... Hyattsville Md.

(If outside city or town limits, write RURAL and give nearest town) 50 years

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

4811 Braxton Pl. Hyattsville Md.

How long in hospital or Institution?.....

## 3. (a) FULL NAME

Mary Octavia Thomas

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

7. c Married

Phelia Thomas

6. (b) Name of husband.....

7. Birth date of deceased (mo., day, yr.)..... March 2, 1880

6. (c) If alive, give age..... 64 years

8. AGE: Years 68 Months 8 Days 7 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace..... St. Mary's Co. Md.

(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... Houses

12. Name..... Ernest Dorey

13. Birthplace..... St. Mary's Co. Md.

14. Maiden name..... breakdown

15. Birthplace..... St. Mary's Co. Md.

16. Informant..... Mrs. Ernest M. Blueford

Address..... 4811 Braxton Pl. Hyattsville, Md.

17. Removal Date thereof..... Nov 9 1846

(Burial, cremation, or removal. Which?) Cemetery or crematory..... Ernest Davis

Location..... 1432 N St. S.W. Wash D.C.

18. Funeral director..... Ernest Davis Co.

Address..... 1432 - V. St. N.W.

19. (Date rec'd by registrar)..... Dec 1948

Signature..... James Senn

Registrar.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State..... Maryland County..... P. Georges

City or town..... Hyattsville, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 4811 Braxton Pl. Hyattsville, Md.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 9 1948 at 2:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 30, 1948 to Nov. 9 1948

and that I last saw her alive on Nov. 9 1948

Immediate cause of death..... Terminal pneumonia

Secondary (if applicable)..... Bronchial pneumonia

Due to..... Bronchitis

Due to.....

Other conditions..... Paroxysms

(Include pregnancy within 3 months of death)

Major findings or operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... No Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

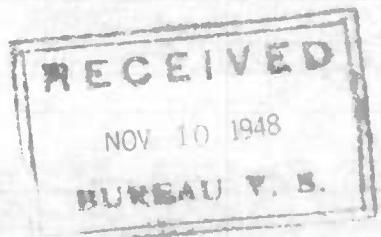
Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work? .....

23. SIGNATURE..... Wm. H. Miller, M.D.

M. D. or other.....

Address..... Brookwood, Md. Date signed. 11-9-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11784

## CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County Prince Georges

City or town Bowie

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Tigno Walls

## 4. Sex

F.

## 5. Color or race

C

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

? About 1915

## 8. AGE: Years

33?

## Months

## Days

## If less than one day

hrs. min.

## 9. Birthplace

(Town, county, and state)

## 10. Usual occupation

None

## 11. Industry or business

John Carter (deceased)

## 12. Name

Maryland

## 13. Birthplace

Elijah Scott

## 14. Maiden name

Anne Arundel County, Md.

## 15. Birthplace

Elijah Walls

## 16. Informant

Bowie, Md.

## Address

Burial

## (Burial, cremation, or removal. Which?)

Date thereof Nov 21 48

(month) (day) (year)

## Cemetery or crematory

## Acremont

## Location

Bowie, Md.

## 18. Funeral director

Martiss Flodamay Sauer

## Address

Bowie, Md.

## 19. Date rec'd by registrar

Nov. 21 1948

Eurograph, Yingling

## (Date rec'd by registrar)

Register

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Bowie

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17

1948 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19. to 19.

and that I last saw h alive on

19.

Immediate cause of death Coronary Occlusion

DURATION

Due to Coronary Occlusion

Due to Cardiac vascular mural

disease

Other conditions Multiple adhesions

all over body

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE John J. Maloney, Examiner

M. D. or other

Address Cheverly Hyattsville, Md.

Date signed 11-18-48



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131a  
232

11705

## 1. PLACE OF DEATH:

County Pierce George's  
City or town Croome  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yearsHospital, institution, or street address where death occurred:  
East River Road

How long in hospital or institution?

## 3. (a) FULL NAME

Orville Lee Walton

## 4. Sex

Male	5. Color or race	6. (a) Single, married, widowed, or divorced
	White	Married

## 6. (b) Name of husband or wife

6. (b) Name of husband or wife	Mary Walton
--------------------------------	-------------

6. (c) If alive, give age 50 years

## 7. Birth date of deceased (mo.. day.. yr.)

April 4, 1888

## 8. AGE:

Years	Months	Days	If less than one day
65	7	25	hrs. min.

## 9. Birthplace

9. Birthplace	Maryland
(Town, county, and state)	

## 10. Usual occupation

10. Usual occupation	Farmer
----------------------	--------

## 11. Industry or business

11. Industry or business	Charles Walton
--------------------------	----------------

## 12. Name

12. Name	Charles Walton
----------	----------------

## 13. Birthplace

13. Birthplace	Virginia
----------------	----------

## 14. Maiden name

14. Maiden name	Rose Stallings
-----------------	----------------

## 15. Birthplace

15. Birthplace	Maryland
----------------	----------

## 16. Informant

16. Informant	Mrs Mary Walton
---------------	-----------------

## Address

Address	Croome, Md.
---------	-------------

## 17. Burial

17. Burial	Date thereof Dec. 2, 1948
------------	---------------------------

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

10. Funeral director	St. Lincoln
----------------------	-------------

## Location

Location	Bethesda, Md.
----------	---------------

## 18. Funeral director

18. Funeral director	Kitchie Bros.
----------------------	---------------

## Address

Address	Upper Marlboro, Md.
---------	---------------------

## 19. Date rec'd by registrar

19.	Dec. 1, 1948
-----	--------------

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State	Maryland	County	Pierce George
-------	----------	--------	---------------

City or town Croome (If outside city or town limits, write RURAL and give nearest town)

Street No.	East River Road	(If rural, give LOCATION)
------------	-----------------	---------------------------

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

No.

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 19, 1948 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. . . . to . . . . 19. . . .

and that I last saw h. . . . alive on . . . . 19. . . .

## Immediate cause of death

acute congestive heartfailureDue to Cardiosclerosis renaldisease

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

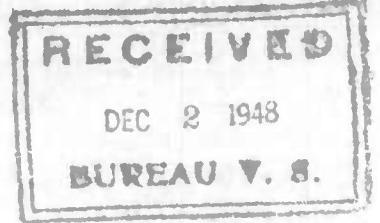
Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of Injury

Deputy medical examiner23. SIGNATURE Jaspar J. Ford M. D. FatherAddress President Rd. Date signed Nov. 11, 1948



~~PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.~~

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11706

173

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County..... Prince Georges

City or town..... Andrews Air Force Base, (Wash 20) D.C.

(If outside city or town limits, write RURAL and give nearest town)

1 year 6 months

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Meinzen, Robert Willfred

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife..... Karen M. Meinzen

7. Birth date of deceased (mo., day, yr.)

12 Feb 1924

6.(e) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

24

9

8

hrs.

min.

Honolulu T.H.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation..... U.S Air Force Officer

11. Industry or business.....

U S Air Force

MOTHER FATHER

12. Name..... Lawrence Meinzen

13. Birthplace.....

Woodburn Ind.

14. Maiden name.....

Mrs Edna [REDACTED] Markworth

15. Birthplace.....

Waymensville, Ind.

16. Informant..... Army records

Address

17. Burial.....

(Burial, cremation, or removal. Which?)

Date thereof... Nov. 24, 1948  
(month) (day) (year)

Cemetery or crematory..... Arlington Nat. Cem.

Location..... Arlington, Va.

18. Funeral director..... Waster Funeral Home

Address..... 301 E. Capitol St., Washington D.C.

19.

(Date rec'd by registrar) 19.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Prince Georges

City or town..... Andrews Air Force Base

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Qtrs 141 Apt # 4

(If rural, give LOCATION)

WW II

2.(a) Is veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... 20 Nov

19 48 at 1320 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw h..... alive on Never

Immediate cause of death..... Crushing injuries

generalized entire body with

Evisceration

Due to..... Crash of F-80 aircraft at

Andrews Air Force Base, Prince

Georges County

Due to..... At about 1320 hours 20 Nov 48

## Other conditions.....

(Include pregnancy within 3 months of death)

## Major findings of operations.....

Date of op.

Autopsy results..... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Aircraft accident of 20 Nov 48

Where did injury occur?..... Andrews AFB, Wash 20, D. C.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Francis E. Barry

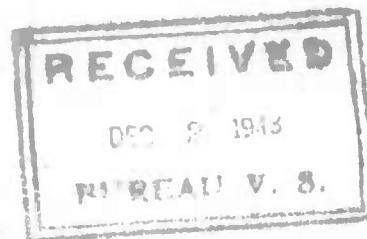
Injured at work? Yes

FRANCIS E. BARRY, Captain, MC

M. D. or other

20 Nov 48

Address..... Andrews A.F.B. Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11707

## CERTIFICATE OF DEATH

Reg. Dist. No. 243

## 1. PLACE OF DEATH:

County Prince Georges  
City or town Glenn Dale, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 mos., 20 days.

Hospital, Institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution? 4 mos., 20 days.

## 3. (a) FULL NAME

SAMUEL L. WILLIAMS

## 3. (b) Social Security Number

251-36-8732

## 4. Sex

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

Male

Negro

Married

## 6. (b) Name of husband or wife

Marie Williams

## 6. (c) If slave, give age

20

years

## 7. Birth date of deceased (mo., day, yr.)

August 14, 1927

## 8. AGE:

Years

Months

Days

It less than one day

21

21

3

8

.....hrs.

.....min.

## 9. Birthplace

Washington, D.C.

(Town, county, and state)

## 10. Usual occupation

Parking Lot Attendant

## 11. Industry or business

---

## MOTHER FATHER

## 12. Name

Sam Williams

## 13. Birthplace

? South Carolina

## 14. Maiden name

Costella Booker

## 15. Birthplace

? South Carolina

## 16. Informant

Deceased

## Address

Removal to Washington, D.C.  
(Burial, cremation, or removal. Which?)

Date thereof

Nov. 22, 1948  
(month) (day) (year)

## Cemetery or crematory

## Location

## 18. Funeral director

## Address

1326 Glenmont

Nov. 22, 1948 Rowland S. Phillips

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

## State

D.C.

## County

## City or town

Washington

## Street No.

2408 Eye Street, N.W.

(If outside city or town limits, write RURAL and give nearest town)

## 2. (a) If veteran, name war

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Nov. 22<sup>nd</sup> 1948

## 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 1<sup>st</sup> 1948 to Nov. 22<sup>nd</sup> 1948and that I last saw him alive on Nov. 22<sup>nd</sup> 1948

## Immediate cause of death

Pulmonary Tuberculosis

## Dus to

## Dus to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

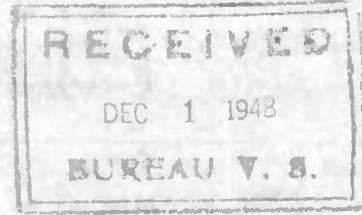
## 23. SIGNATURE

Daniel Leo Pinecar, M.D.

M. D. or other

## Address

Glenn Dale, Md. Date signed Nov. 22, 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11708

## CERTIFICATE OF DEATH

Reg. Dist. No. 234

Age \_\_\_\_\_

Cause of death \_\_\_\_\_

Place of death \_\_\_\_\_

Time of death \_\_\_\_\_

Date of death \_\_\_\_\_

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; if age, sex, cause of death, place and time of death, date of birth, etc., are especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County: Prince George

City or town: Clinton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 46 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

James Eddie Needie Windsor

4. Sex

male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Grace Windsor

6. (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.)

Oct 14, 1891

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Maryland - Piscataway

(Town, county, and state)

10. Usual occupation

Mechanic

11. Industry or business

Sand and Gravel Plant

12. Name

Ignatius Windsor

13. Birthplace

Maryland

14. Maiden name

Cornelia Jenkins

15. Birthplace

Maryland

16. Informant

Grace Windsor

Address

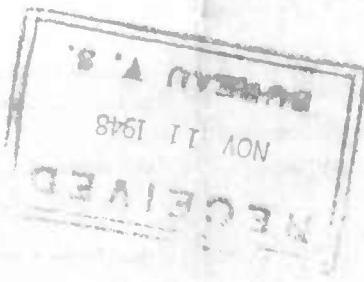
Clinton, Md.

17. Burial

Date thereof Nov. 8, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)





RECEIVED

NOV 19 1948

BUREAU V. S.